Lectures
ON THE
CLINICAL USES OF ELECTRICITY.

Delivered in University College Hospital,

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LECTURE I.—PART II.

III. Effects of Electricity, when used clinically. (*a*) *Chemical.* (*b*) *Vital.* 1. *On nerve.* 2. *On muscles.* 3. *On skin.* 4. *On nutrition.*

III. THE next question to which I wish to address myself is this,—What can electricity do? This depends very much on its form and the mode of its application. I will first mention briefly what it can do chemically, and then speak of its vital action on the nerves, muscles, skin, and tissues.

(*a*) *Chemical effects.*—These can be easily seen by the application of a continuous current. You can dissolve the skin, you can coagulate the blood, and you can possibly do something more than that. It has been used occasionally in the attempt to dissolve calculi, but there is not evidence enough to show that it is of much practical value in this direction. It has been used to promote the coagulation of blood in aneurismal tumours, and there are facts which show that it may produce a change in the quality of the blood. At all events, you can make a blister on the skin by its means; but there are many ways of making blisters much more readily. These clinical uses of electricity come rather into the province of the surgeon than of the physician, and I will not occupy your time now by their further consideration.

(*b*) *Vital action.*—It is for its so-called "vital" effects—i. e., for its influence on "vital" function—that electricity is being constantly employed. I use the term "vital" to denote certain changes of condition, in certain tissues, which we cannot, as yet, explain by what we know of the ordinary "physical" forces; such as the contraction of a muscle, the circulation in a limb, the sensation of pain, and so on. These vital effects are seen in nerve, muscle, skin, and vessel.

1. *On nerve.* Electricity may put a nerve into action, whether that be a motor or a sensory nerve. If the nerve retain its vitality, its own proper function may, by electricity, be called into activity. That is one of its actions on nerves. Its other effect is to diminish the activity of a nerve when that activity is in excess.

How are these effects on nerves to be produced? Speaking generally, you may call a nerve into action, whether sensory or motor, by franklinic electricity—i. e., by sparks and by shocks; by the galvanic current, used with an interruptor; and lastly, and most readily, by faradisation. If, e.g., we have insensibility of the nerves of the skin, as we had in a case in Ward 3 the day before yesterday, we can often remove that insensibility by faradisation. In that case the patient did not feel the application of a hot iron, or pinching, and at first did not feel the application of faradisation from one of Stöhrer's batteries; but in a very few minutes the sensibility returned up to a certain point; and to-day it appeared to me to be normal. On the other hand, when the activity of a nerve is too great, and this over-activity displays itself by spasm, by tremor, or by pain, you may reduce that over-action by applying electricity in either of three ways. The most efficacious of these is the application of the continuous current; but you may produce a similar effect in some instances by faradisation, and in others by static electricity. To the modes in which you should employ these agents I shall return hereafter.

2. *Muscles.* To the electrification of muscles similar statements will apply. If you want to put into action a muscle which is in a state of morbid inactivity, from either some wasting of its own substance or some nervous weakness, you must apply, not a continuous, but an interrupted current. It may be a faradic or a galvanic current, the latter being interrupted by your hand, or by some mechanical contrivance. Where, on the other hand, muscles are contracting preternaturally, exhibiting spasm, either tonic or clonic, you may reduce this action by the continuous current, and also by a very rapidly intermitting faradisation. The electricity, from whatever source obtained, may be applied either to the bodies of muscles, through the skin; or to groups of muscles, or, indeed, single muscles, also through the skin, but by the nerve-trunks which pass to them.

3. *Skin.* You want sometimes to alter the vascularity of the skin, and this you can do by either of the forms of electricity that have been described. You often see, in a partially paralysed limb, that the tips of the fingers, and sometimes the hands, are of a bluish colour,—that the nails are dark, and the hands are cold. You may put them in warm water and make them warm, without doing much good, for the hands again become, very soon, cold and blue; but you can warm them with a continuous current very rapidly, and much more persistently. Sometimes, in the course of a very few minutes, you will find that the blue tint has completely passed away, that the limb has become warm, and that the sensibility of the skin—diminished before—returns to its natural state.

This method of applying electricity, in the form of the continuous current, will sometimes do very much more than this. It will produce a similar effect upon the tissues lying underneath, and thus you may improve the nutrition of muscles, and possibly also of nerves.

The next best mode of relieving the state of low vascular tone in the skin is by applying franklinic electricity, taking sparks from, or letting them pass into, the part. They sting the skin smartly, often restore its colour, and, as you may easily see, redden the skin of your own knuckle, if you employ that as your spark conductor.

Faradisation to the skin will produce similar effects; and if you wish merely to stimulate the skin, the best plan is to use the brush. In this way you pass into the skin a great many tiny sparks, and produce a similar effect to that of franklinic electricity.

Those curious patches of pigment which "come and go," and are seen sometimes on the forehead, and often underneath the lower eyelids, may occasionally be removed, in a few minutes, by the application of a galvanic current.

4. *Nutrition.* Another thing that electricity distinctly does is to improve, and that most definitely, the nutrition of some parts to which it is applied. You may distinctly increase the bulk of many wasted muscles, whatever be the cause of that wasting. The muscles may be wasted from an accidental division of their nerves; from some blood-poisoning; from disease of the spinal cord; or from disuse, the result of mischief in the brain; and in each of these four great categories of wasted muscles you may do something towards improving their condition by means of electricity. Under almost all circumstances, if there be any muscular tissue left, you can put it into action; and, although you may not be able to bring it under the influence of the will, you can prevent its further wasting, and even recall some of its nutrition. Your object is simply to put the muscle into action; but there is a curious difference in regard of the readiness with which you can do this by galvanisation and by faradisation, in paralysis from different causes. In certain forms of paralysis and wasting you can easily effect this by faradisation, in other forms much more readily by the battery current. The forms of wasting paralysis which you can improve the most speedily by the battery current are (1) those in which the paralysis has come on from exposure to cold—paralysis of superficial origin, such as that which arises in the face, and is called "facial palsy"; that which occurs, in children and in adults, from exposure of a limb to cold, and which is sometimes produced rapidly, and sometimes removed as rapidly: (2) those which may be produced from poisoning by lead, and certain other forms of change in the nutrition and action of muscles related to the conditions known as chlorosis and anæmia: and (3) certain forms of wasting paralysis; for example, the so-called "essential paralysis" of children, the precise origin of which is not yet quite understood. In these forms of disease the nutrition of muscles speedily becomes impaired, and this wasting is partly, but not wholly, as I take it, from disuse; for muscles may be

paralysed under other circumstances for a longer time, and as profoundly as under these, and yet not waste so rapidly.

Under these conditions of wasting, the nutrition of the muscles may be restored by any form of electricity which will put those muscles into action; but this result is achieved more quickly by the interrupted battery current than by any other. This curious fact you may see again and again, that an amount of faradic force which will act strongly on a healthy muscle will not act on muscles paralysed in the manner I have described; but that a weak current coming from a simple galvanic battery, slowly interrupted, will act on those muscles to a degree which is more marked than that which you will observe in health. This is a very curious point, and one that is more than curious, for it is very useful in therapeutics. For instance, if a person comes to you paralysed on one side of his face from cold—e.g. from sitting in a draught,—unable to close his eye, and the mouth drawn to one side, if you take a current from a battery of low power, ten cells or so, you will make the muscles flicker when you put it on, making and breaking the current slowly with your finger or with a wet sponge; whereas if you apply it to the healthy side, you will perhaps see no effect whatever. The muscle paralysed here appears to be more sensitive than that which is not paralysed. If you apply faradisation, however, in this condition, to the paralysed side, you see no effect; apply it to the healthy side, and you make the man grimace directly.

There are reasons for thinking, as I have often shown you, that the want of response to faradisation is due to the momentary duration and rapid interruption of the induced current, and to these conditions only; for if you very rapidly interrupt the battery current—just as rapidly, for instance, as you can do it with one of these interruptors of Pulvermacher's chains, or even with your own hand,—the muscles that are paralysed will not act to the battery current, any more than they do to faradisation, whereas those on the opposite side will do so. I think it is clear, indeed, that the want of response to faradisation is a want of functional activity in the muscle; it cannot appreciate readily the rapidly interrupted current, from whatever source it may be derived. That is pretty clear; we have seen it again and again. But it has not yet been made out why a muscle in this condition should exhibit an excess of sensitiveness to a slowly interrupted galvanisation. That it does so is perfectly clear; and when it does so, and its nutrition is impaired, the battery current is that which you should use for its restoration.

There are other cases of wasting paralysis in which faradisation is much more useful than the battery current. Under such circumstances use faradisation. The muscles waste, for instance, from disuse in long-standing palsy the result of cerebral disease; and here faradisation is often the best form of electricity that you can employ. In all cases, what you want to do is to put the muscle into action, and you must use that form of electricity which most readily accomplishes this end. You may divide your cases into two categories, those which will respond most readily to the one form of electricity or to the other; and you are to use in each group of cases that mode of appliance which produces the most distinct contraction with the least amount of electric force.

OBSERVATIONS ON SWALLOWING INDIGESTIBLE SUBSTANCES;

WITH THE PARTICULARS OF AN INSTANCE IN WHICH A GOLD PENCIL-CASE PASSED INNOCUOUSLY THROUGH THE GULLET, STOMACH, AND INTESTINES.

BY SIR WILLIAM FERGUSSON, BART.,
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CASES are familiarly known, both in domestic annals and among the profession, of indigestible substances having been swallowed and subsequently evacuated from the rectum, without having produced any inconvenience whatever. These have usually been rounded or smooth-edged, such as bullets or coins, and occasionally sharp-pointed or sharp-edged objects, such as gold plates with false teeth, or pins for holding them, or with sharp hooked extremities to grasp neighbouring sound teeth. Even blades of knives have passed innocuously through the tortuous route of the alimentary canal. It is often a marvel to the anatomist and physiologist how these have not caught in some of the narrow corners or fringes of mucous membrane. It seems to me more remarkable than that they should catch or be held permanently in some part of such a devious route. Instances are well known of plates, with and without false teeth, and other foreign objects lodging for a time in the gullet or pharynx, some of which have passed downwards, some have been ejected by vomiting, or been hooked up by the surgeon, whilst some have remained in their unnatural position for years. I know of a case of this kind, where false teeth and gold plate have remained in the lower part of the gullet for years. A collection of such cases would add an interesting chapter to "The Curiosities of Surgery." Although fatal effects are often produced by foreign objects in the gullet—by suffocation, ulceration, and opening of the aorta,—experience has proved that the greatest danger is in the stomach and intestines. It is wonderful with what facility a passage has been permitted to the stomach; but after this the "difficulties" have begun. In the museum of the Royal College of Surgeons many remarkable illustrations of the kind are preserved. In particular there is one preparation showing an ordinary dessert-spoon sticking in the ileum and cæcum, which had been swallowed, but had stuck fast there, and caused death by ulceration; and another, a dessert-knife, eleven inches long, which, being arrested in the stomach, had ultimately caused a fatal termination. There are also specimens of blades and handles, or eroded portions of pocket-knives, which had been passed per anum. Mr. George Pollock published in the first volume of THE LANCET for 1869 an interesting paper on "Cases in which Artificial Teeth were Dislodged and Swallowed, or Impacted in the Pharynx"; and in the same volume Dr. Bond has recorded an instance where a large buckle for braces was finally, after some weeks' residence in the gullet, pushed down into the stomach, where it caused no inconvenience. Within these two years I have myself seen an instance of the safe passage of four false front upper teeth, with gold settings, in three days, through the stomach and intestinal tube.

Perhaps the most remarkable case ever known of swallowing indigestible materials is that recorded by Dr. Marcet, of Guy's Hospital, in the twelfth volume of the Medico-Chirurgical Transactions (1823). John C——, a sailor, twenty-three years of age, in the course of ten years from that date, swallowed at different times at least thirty-five knives. Some of these, or eroded portions, were occasionally vomited or passed per anum. He finally died of exhaustion, after much suffering; and, on opening his body, forty different pieces of blades and handles were found in the abdomen. These were chiefly in the stomach, but some had reached as far as the rectum. One portion of metal—a back spring, measuring 4½ in. long—had become impacted in the descending colon, and one end, being sharp pointed, had perforated the coats, so as to project into the peritoneum. Another portion was found in the rectum, with one end projecting through, so as to be held fast in the pelvis. It is wonderful how far these portions had proceeded along the intestinal canal. The separation of the knives into their component parts, the erosion of the metallic portions, and the disappearance of the horn of the handles, all evince the influence of the fluids on these different materials. It might be a question where such effects were chiefly produced; and, doubtless, the gastric juice would be considered as playing the principal part. If sheer exhaustion had not finally carried this person off, might not all these remaining portions have disappeared in time? Notwithstanding our admiration of hartshorn and of iron, it seems certain that, when thus taken into the body, life is greatly jeopardised; and that in such doses, the sooner evacuation takes place the better for the patient.

But is it reasonable to expect that such large objects will pass through the tortuous course from mouth to anus? The anatomist and physiologist would be inclined to think such a thing impossible, but experience has proved that it is realised occasionally. Instances referred to at the beginning of this paper are examples of the fact; and in the museum of the College of Surgeons a number of portions of metal, knife-backs, &c., have been preserved as having been evacuated by a soldier who, like his compatriot the sailor,

had indulged a fancy for swallowing clasp knives. Even the long portion in the descending colon of C—— had been arrested by a kind of accident we may suppose, for, as the anatomist knows, it had passed all the places where it was most likely to have stuck fast—the pylorus, the duodenum, the numerous folds of the small intestines, the valvulæ conniventes—even the ileo-cæcal valve! Yet it stuck fast in a wide part of the larger intestines.

To show that hope may be entertained in some such cases I venture to put the following case on record as the most remarkable that has ever come under my personal observation.

A gentleman about fifty years of age, tall and stout in frame, had tried on several occasions to destroy himself, but had been thwarted in his intentions by the vigilance of his attendants. His habits were occasionally very intemperate, and recently, during such condition, he had tried to throw himself out of window, to set fire to his night-dress, and to stab himself in the abdomen with a breakfast knife. He had inflicted seventeen wounds in the skin near the umbilicus, but none of them penetrated much beyond the surface. An attendant was in the room with him day and night, and all edged instruments were carefully kept away.

Early on the morning of January 2nd, 1870, he seemed as if choking, with his head under the bedclothes; but speedily recovered, and when asked what was the matter, he said it was only a cough, and soon became quiet. His attendant feared that he must have swallowed something, but he denied any such act, and nothing more was said on the subject at the time. Among the articles in his bedroom a gold pencil-case was missed. A careful search was made, but he seemed indifferent as to the result, and expressed his conviction that it was not lost. On the day in question, and the following, he was feverish and occasionally vomited; he could not swallow solids, but partook readily of fluids. On the third day he took food as usual, and made no special complaint. There were ample grounds for suspicion that the pencil-case had been swallowed. The patient was silent on the subject, and as no good appeared likely to arise from urging a confession, nothing was said to him about it. He was encouraged to eat solid food, and the attendants were enjoined to watch the alvine evacuations. As I had to dress the wounds on the abdomen, I had ample opportunity of manipulating so as to detect any tender spot within. He occasionally complained of pains, but these seemed to me more imaginary than real.

On January 19th he confessed that he had swallowed the pencil-case, and then I explained what might possibly ensue. In particular, I said that it might find its way to the rectum, and produce irritation there. The following morning he fancied that it was in that locality. I examined, and introduced a lithotomy forceps, but nothing could be felt.

On the morning of the 24th, whilst on the stool, he felt that something unusual had passed, and the case was found in the evacuations. Twenty-two days had elapsed since it had been swallowed, and, with the exception of the annoyances of the first twenty-four hours, when it had doubtless been in the gullet, I doubt if there had been a twinge of pain dependent on its progress downwards. It might have been interesting in a surgical point of view to have extracted it from the rectum; but the story is more valuable as showing what nature may do under similar circumstances. There has been no irritation nor complaint of any kind in the gullet, stomach, or bowels since.

The accompanying figure gives a representation of this curiously travelled pencil-case. Its length was four inches and a quarter; and its thickest part, which held an ornamental stone, was half an inch. Its future destination will be, in accordance with the consent of the patient, the museum of the Royal College of Surgeons.

George-street, Hanover-square, March, 1870.

ON MEDICAL EDUCATION.

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(*Concluded from page 300.*)

THE early training being completed at about the age of eighteen, there comes next in order what I call the intermediate training. This stage of the medical education may be altogether dispensed with. A man may go straight from school and college to his hospital and lectures. This is often done by those who have little time to spare, or who have entered on their medical studies late in life. But I include this second stage in my scheme for two important reasons: firstly, that a great number, I think I may say the majority, of medical students go through it; secondly, that I think it most desirable that they should do so. This intermediate training may take the form of apprenticeship, assistantship, or tutorial instruction. We suppose the student, as he comes to it, proficient in at least the rudiments of Chemistry and Natural History. It will now be useful to him to know something of the way in which these sciences, in their particular application to man, are utilised or applied by the experienced practiser of Medicine. An initiation in the routine of such practice will prepare him for a more careful study of the principles of his art. In fine, I am of opinion that, in his case, it is a safer method to work back from particulars to generalisations than to proceed in the converse way. I will take as my model that old system of apprenticeship which but a short time ago was insisted upon by one of the many examining boards in London. Students of the present day cannot do better than follow out such a plan. Every teacher in a medical school cannot have failed to perceive the immense advantage which is possessed by the pupils who have been trained in such a school, the benefit which a man derives from knowing what an *habitué* of his art would do in this case or that, and the more perfect insight which this affords him into the principles of medicine and surgery, which, without this experience, would be boundless and destitute of meaning. The country practitioner, the surgeon-apothecary, or by whatever name our examining boards may dub him, the man who exercises all branches of his art, the man of wide experience and abundant in daily instances of emergency, the man who, whatever our town-bred physicians may think of him, comes nearer than any other we can think of to the ideal *iatros*—seems of all men the best fitted to prepare the aspirant for the more elaborate teaching which he is expecting in a school of medicine. I hold an apprenticeship to such a man, an assistantship, perhaps, which shall make the student familiar with the qualities of common drugs, and the method of compounding them, with the more familiar aspects of disease, and the simpler modes of treating it, the very best introduction to the more elaborate studies which await him. I find that there is the widest difference in the world between this pupil, who knows something, however rough and unshapely, of human disorders and their cure, and the bookworm, who may be excellently well read in the theory of physic, but has seen nothing at all of its practical application. The fashioning of the mind of this apprentice may be likened to that rough hewing of the block of marble which is destined for a finished statue in the sculptor's studio. We see in it the shaping out of what is to come, but we have not yet the finished perfection of the work of the carver.

In default of apprenticeship or assistantship, in cases where such a method of teaching may be inconvenient or impossible, the next best thing is a course of tutorial instruction. From the age of eighteen to that of twenty-one the lessons of the early scientific training may be instilled more deeply, and improved upon, by a competent teacher, who shall show the manner in which they are to be applied, and prepare the student for his introduction to the mysteries of the art of healing. As what I intend is that the later training shall be a sort of finishing school, this tutor will need to prepare his *alumnus* for it by teaching him the meaning of words, the nature and mode of compounding of drugs, the character of the commoner sorts of

diseases, their differences, and the general principles of their treatment. The tutor should endeavour, in fact, to teach the student as nearly as possible what would have been taught him by the country doctor, whom I regard as the natural educator at this time—to impress upon his mind the very lessons which he would have derived from visiting and treating, under the instructions of his preceptor, the simpler and commoner disorders of the poorer class.

This intermediate training I regard as a very important phase of the medical student's career. Coming without it to his course of three years' lectures at the school, he will feel like a knight who is requested to don his arms, but who does not know whether to buckle his coat of mail before or behind, whether he should carry his shield on his left arm or his right, whether the proper place of the spear is not between his legs. He is introduced to his implements of war, and their use is explained to him; but he will feel all the easier if he has already some practical knowledge of it.

This second stage passed, we come to the later training. Our pupil enters upon his finishing courses at the medical school. It is now that we perceive the advantage of his earlier teaching. How different he who comes before us the educated man of twenty or twenty-one years of age, from the raw youth who but lately presented himself as a novice at our gates, who, knowing next to nothing of what he should know, demanded of us that we should teach him in three years an amount of science compared to which all the lore of Galen and Aretæus was but infantile, and which doctors before Harvey could only have dreamed of with the millennium. He passes a preliminary examination. This is his Little-Go. He emerges from it, and we know now the solid foundation on which we have to build, the fair ploughed land which we have to sow. Our pupil is a scholar. He is fairly read in the classics and the mathematics. He has acquired knowledge which will fit him for his place in society, and which is absolutely essential to the prosecution of scientific studies. He is a chemist, and we trust he knows more of chemistry than the majority of medical students who go up for their examinations, or than many of the learned pundits who profess to examine them. Chemistry is a difficult science, but it is no more difficult than the languages of Greek and Latin, which were imperceptibly drilled into him at school. He is a botanist, too, and that is not saying much; for botany, including only a knowledge of the commoner plants, is the simplest and easiest of all the natural sciences, and may be mastered in a month by any man with a decent memory and ordinary powers of observation. Our student, we will hope, knows as much or more of botany, learnt in his boyhood, than some of the teachers, who, holding light or despising this beautiful study, condescend to the chair of Botany in this school, as a stepping-stone to some more lucrative or more honourable post.

Our course is now smoothed before us. We have now, finally, to educate the student for the practice of the art of healing. We have eliminated from his curriculum the principles of chemistry and botany, reserving their applications to the science of disease and treatment. The student has to acquaint himself with four new branches of knowledge, which are essential to his character as a physician. The first is Human Anatomy, which comprises the physical construction of the body of man. The second is Physiology, the science of life. The third, Pathology, the history of disease and death. The fourth is the science of medical treatment, or Therapeutics, by which we may hope to remedy that disease, and postpone that death. Nor is this all. Depending upon these sciences is the actual method of medical practice, which is deduced from them as a sort of corollary when firmly founded, but is often based to some extent on empiricism or experience. This medical practice is conveniently, but artificially, divided under three heads. The first is Medicine, which rightly comprehends all, but is understood to confine itself to the history and treatment of internal diseases, or those which affect the whole body. The second, Surgery, deals with external complaints, and those which are to be remedied by mechanical or operative means. The third, Obstetrics, deals only with one-half of the race, with women in all the disorders incident to childbearing.

The student has thus to acquaint himself with four sciences, and with three practical applications of those sciences. He has seven subjects to study. His labours will seem simplified when it is remembered that surgery is a corollary of anatomy, and medicine of pathology. On the other hand, they are complicated by certain supplementary studies, and by an inevitable splitting up or amplification of some of the subjects to be taught. Thus chemistry, as applied to the history of life and disease, comes in as a special department of physiology and pathology. The application of anatomy to surgery is taught as surgical anatomy, which, as well as normal anatomy, is to be learned in the dissecting-room, the actual human body being to the physician exactly what the surface of the earth is to the geographer, the starry sky to the student of astronomical science. Comparative anatomy, or the structure of the lower animals, is an auxiliary study most useful to the student of medicine. Medical science, in its bearings on criminal and other legal questions, is separately taught under the head of forensic medicine, or medical jurisprudence. The microscope, with other instruments for the investigation of healthy and diseased structure, should also be explained and made familiar to the student who wishes to attain to any high degree of proficiency in his art. The microscope is an eye which can see into things almost infinitely small, and the new world revealed to us by its means is treated of in a separate branch of study termed histology.

I am anxious to refrain, as far as possible, from expanding the curriculum to the formidable proportions which in some hands it has already assumed. But I must add that it seems eminently desirable that the fourth science which I have mentioned, the science of treatment, should be divided into two parts, to be separately studied. The Materia Medica in old times was made the business of a six months' course of lectures. It is now limited to one summer course of three months, which is quite inadequate to any attempt at dealing with it properly. If divided into two parts, each occupying a summer, some justice might be done to a subject which is more important to the patient with whom we have to deal than all the rest put together. The first part, materia medica, should comprise the natural history of drugs, or remedial agents. The second course, therapeutics, should deal with their action on the human body, and their application in the palliation or cure of disease.

In making himself acquainted with these multifarious branches of knowledge, in the commonly allotted space of three years, or thereabouts, the medical student will find his work cut out for him. Putting aside for a moment the regulations of the examining bodies, which, of course, are open to alteration or revision whenever good cause can be shown for it, we may suppose that there are three several methods in which the pupil may endeavour to master these studies:—

1. By solitary reading.
2. By private tuition.
3. By the system of attendance on lectures, and collegiate training.

I must reserve for a future paper, on the Medical Teacher, the full defence of the reasons which dispose me, as a true conservative, to prefer the time-honoured lecturing and college system to those royal roads to learning known commonly by the opprobrious names of "cramming" and "grinding," though these have not lacked some respectable advocates of late. The courses of lectures, I must admit, would be of little use if it were not for the important auxiliary aids held out to the student in every medical school. These aids consist of, the dissecting-room, for the student of Anatomy; the laboratory, for the student of Medical Chemistry; the hospital wards, for the student of Clinical Medicine and Surgery; the medical tutor, provided in most schools, for all. To these at least half of the student's time should be devoted. The careful study of cases in the hospital should occupy about one-half of his second year, the greater part of his third. I must not anticipate further what I may have to say when speaking hereafter of the medical teacher and the medical student. I will conclude, then, by throwing out as a sort of bait, and as food for criticism, my idea of what a regular course in a medical school should be. In putting it into shape I have been guided by two motives. I wish to reduce the total number of lectures, that the student may have the more time and opportunity to profit by them; and I agree with a

professor who has had as long experience of teaching as any man in London, that duplicate courses, as a rule, are superfluous, troublesome, and objectionable, as consuming time that might be spent in practical study. Three subjects, or thereabouts, might be taken in hand and mastered by the student in each session, those which are lightest being set apart for the summer courses, which last for only half the time of those in the winter. If these subjects were managed as follows, the student would not find himself, as now too often happens to him, to be overwhelmed with work, and confused by the number of his engagements.

First Winter Session...	Anatomy. Physiology. Dissections.	
First Summer Session..	Applied Chemistry. Pathology. Materia Medica.	
Second Winter Session.	Medicine . . . . . Surgery . . . . . Dissections	Hospital Practice
Second Summer Session	Midwifery . . . . Therapeutics . . .	Hospital Practice
Third Winter Session ..	Clinical Medicine . . Clinical Surgery . .	Hospital Practice
Third Summer Session .	Medical Jurisprudence Comparative Anatomy	Hospital Practice

PRACTICAL REMARKS
ON THE USE OF
COUNTER-IRRITATION IN INFLAMMATORY AND CONGESTIVE DISEASES OF THE EYE.

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IT is the opinion of some ophthalmic surgeons that blisters are useful only by withdrawing the patient's attention from his malady—"*bon pour distrait.*" Clinical facts, however, are altogether opposed to this limited view of their influence. On several occasions I have seen the depletion and active cell-formation excited by a blister behind the ear, destroy the material by which a wound of the cornea had become united. The day preceding the vesication the aqueous humour was retained in its chamber,—the day after, it escaped through the unsealed aperture. In a word, the nutrition of the cornea was depressed.

Of the beneficial effect upon an inflamed choroid of active derivation seated in the neck, my mind was deeply impressed several years ago by two cases—both men advanced in years,—in whom acute choroiditis followed the reclination of cataract, and a carbuncle the application of a blister to the nape. The ophthalmia entirely disappeared as the slough began to separate, and good vision was restored.

A very large number of eye diseases are curable without counter-irritants; nevertheless there remains a by no means insignificant number where strikingly good results attend upon or follow their use.

As means of exciting counter-irritation, I employ the thread seton, the moistened lunar-caustic stick, blisters, croton-oil liniment, emetic tartar plaster, and the pea issue.

As regards the situations suitable for their application, I use a single thread in the temple, two or three when the mastoid region is selected, several in the nape of the neck.

The moistened caustic-stick is rubbed sometimes across the forehead, just above the brow and root of the nose, more often over the brow, temple, and malar bone, occasionally upon the superior lid. I never direct blisters or croton oil to be put on the temples *as counter-irritants*, but reserve them for the mastoid region and nape of the neck.

Pustular irritation should be confined in its application to the posterior half of the scalp.

The arm is the preferable site for the pea issue, which is best made by an incision. In a male adult I seldom insert less than three peas or more than four.

A single thread seton in the temple proves of special advantage where the conjunctival layer of the cornea is vascularised. The more interstitial (the deeper) the keratitis, the less valuable is the thread as a therapeutic agent. Indeed it is useless, in the specific interstitial form, until the stage of resolution has become established, when absorption is perhaps promoted by it. As a remedy against the superficial vascularity which often lingers after all active disease has subsided it is very valuable.

In all cases of vascular ulcer, fascicular keratitis, and pustules of the cornea, it may be advantageously employed at the onset of the attack. (In catarrho-pustular conjunctivitis, it has no effect.) The seton is not, however, the sole remedy for these diseases, nor in all cases the most effective.

Many children who are affected with keratitis get rapidly better without any medical or surgical treatment, after being submitted to the dietetic and hygienic influences of a well-constructed hospital. I took some pains to illustrate this fact five or six years ago, in order to correct the undue estimate attached by certain of my medical friends to the administration of a mixture of emetic tartar and opium in cases of keratitis attended with photophobia.

Where the inflammation of the cornea is manifested by zonular redness and superficial cloudiness of the membrane, I prefer to employ atropine drops, and the moistened caustic stick in place of a thread; also in that form of keratitis where we find thickening and vascularisation of the margin of the epithelium corneæ, and a ciliary conjunctival vascular wreath instead of a zone. The stick should be lightly applied over a good breadth of surface. Severe vesication is unnecessary; ulceration I esteem baneful.

The seton ought not to be inserted too near the eye. The most convenient place is well back in the short hair of the temple; and if the needle is carried in the direction of the trunk of the temporal artery, the formation of a thrombus will be prevented.

In some patients the disease of the cornea proves obstinate until the thread gives rise to a free discharge of pus. The thread should not be removed till some ten or fourteen days after all pathological vascularity has subsided, for if withdrawn too soon the red vessels which traversed the cornea reappear.

In superficial vascularity of some duration the seton rarely fails to cure. It has been assumed throughout these remarks that the keratitis is altogether independent, in respect to its origin, of mechanical irritation of the lids, and of disease of the lachrymal apparatus.

When both eyes are affected, I insert a seton in each temple. And if a single thread fails to excite sufficient irritation, it must be doubled.

In cases of double keratitis, treatment, not necessarily by seton, of one eye is sometimes followed by improvement of the other; and I may here remark, that any sort of treatment which relieves the photophobia is often a step towards improvement of the child's general health.

A seton in the temple is not, in by far the large majority of cases, "a severe remedy." It will, however, sometimes give rise to abscess, erysipelas, or severe phlegmonous inflammation. The occurrence of abscess may be prevented by the daily cleansing and shifting of the thread, and the occasional use of a poultice. Erysipelas is due, I believe, to lack of hospital hygiene, as I have never noted its occurrence among out-patients. Owing to the proneness of certain young persons to phlegmonous irritation, I have found the seton in them to be totally inadmissible as a means of relief.

It has been attempted to determine the relative value of two applications—as, for instance, the painting of tincture of iodine upon the lids, and the instillation of prussic-acid drops,—by confining each one to the right or left eye of a patient affected with double keratitis and photophobia. Inferences so derived are untrustworthy and valueless, inasmuch as keratitis, and some other ophthalmiæ, do not run the same course in both eyes, or terminate in the same amount of structural change, whether left to run an undisturbed course, or submitted to constitutional treatment alone, or to the influence of local agencies only.

In chronic interstitial keratitis, emetic-tartar pustulation upon the nape of the neck is a good remedy.

In relapsing iritis, unconnected with important adhesions of the membrane to the capsule of the lens, or to the cornea,

an issue in the arm, consisting of two or three peas, proves productive of very satisfactory results.

A seton over the mastoid is useful in certain obstinate inflammations of the choroid.

In the retinitis of albuminuria pustulation over the nape with croton-oil liniment is, I have satisfied myself, a valuable addition to other treatment.

Where an ophthalmia is complicated by cerebral congestion the efficacy of irritation upon the neck or occiput admits of no doubt.

In gouty affections of the choroid and chronic ophthalmia blisters behind the ear, or mild irritation over the nape with croton oil, are remedies which should not be forgotten.

*Counter-irritation of any sort is unnecessary, and often highly injurious, when applied to infants at the breast.** It is almost without value in the *acute* stage of an ophthalmia, which is characterised by a copious purulent or muco-purulent discharge.

When the pain from a counter-irritant is so severe that the health of the patient becomes seriously disturbed, its employment should be omitted, or changed for one of a milder kind.

It is, I hope, scarcely necessary to observe, that in forming an estimate of the value of any remedy in a given disease we must take into account what duration it had attained at the time the special plan was instituted; also its average term of existence when ordinary methods of cure are adopted; also whether we are treating a mild or severe type of disease. No one would dispute that the purulent ophthalmia of new-born infants is sometimes very destructive to the cornea, yet every experienced surgeon has seen a large number of cases where the disease was so mild that ordinary domestic cleanliness almost sufficed to cure the complaint, without serious changes, if any, taking place in the cornea.

Of the mode of action of counter-irritants we have yet to learn something. Blisters are highly compound in their action; they influence the vaso-motor nerves, deplete from the bloodvessels, and set up an active cell formation; a new superficial disease is established, which diminishes the supplies that feed the primary disorder. A blister on the nape, by its action on the vaso-motor nerves, contracts the bloodvessels of the eyeball, and, by lessening cerebral fulness, depletes the eye. The moistened caustic stick relieves irritation of the peripheral sensory nerves, promotes active epithelial changes, and rapid metamorphosis of the diseased ocular tissues; it also controls the palpebral movements, and so obviates friction of the sensitive corneal surface. Setons, issues, and open blisters act in some cases, I believe, as emunctories as well as depletants; nor would I altogether ignore the opinion that they do some service by withdrawing the patient's attention from his disease.

Birmingham, March, 1870.

HYDRATE OF CHLORAL AND ITS USE IN PRACTICE.

BY J. SWIFT WALKER, M.D.,
MEDICAL OFFICER OF HEALTH TO THE BOROUGH OF HANLEY.

WHEN any new remedy is brought before the profession, if each one would record his experience of its therapeutical effects, the long list of drugs in the Materia Medica would be considerably shortened.

As my experience of the hydrate of chloral has been somewhat extensive, I may state that it is with great difficulty patients can take the large doses recommended by some,—say thirty grains. Some people cannot take as much as ten grains, unless its pungency is covered by a thick vehicle, as syrup, or, as Mr. Squire recommends, with peppermint-water and syrup, or syrup of tolu.

It has not the power of controlling pain in cancer of the uterus or the stomach, or in any malignant disease, like opium or morphia, and it is of little utility in allaying cough in phthisis or bronchitis. It is very useful as a substitute for hyoscyamus in hysteria, nervous debility, anæmic cephalalgia; and then I have administered it in doses of ten grains, in conjunction with a little syrup to cover its pungency.

It has a marvellous effect in cardialgia, where there is excessive secretion of the gastric juice, also in allaying sympathetic palpitation in dyspepsia.

One of its best properties is that it does not produce headache, as other narcotics; its action is without excitement, and it does not constipate the bowels.

Hall Fields Cottage, Hanley, Feb. 1870.

* I have recently seen some cases of infants and young children in which serious mischief followed the application of iodine as a counter-irritant upon the forehead or face.

Reviews and Notices of Books.

A System of Surgery, Theoretical and Practical. In Treatises by various Authors. Edited by T. HOLMES, M.A. Cantab. Second Edition. Vol. II., pp. 937. Longman and Co. 1870.

THIS volume is devoted entirely to local injuries, and contains all those articles which appeared in the corresponding part of the first edition, with the exception of that on Diseases and Injuries of the Eye. It has, in addition, the treatises on Burns and Scalds and on the General Pathology of Fractures and Dislocations, which were formerly in the first volume. It is excellently illustrated by woodcuts, over 130 in number; and we are glad to see none of those miserable chromo-lithographs which disfigured the last part. The subjects treated of in this volume differ from those in the first in being all matters of simple observation and almost entirely removed from theory, and consequently far less liable to be affected by great changes of opinion such as we have seen in pathology in the last twenty years. The alterations in the various articles are therefore comparatively few, and in no case do they involve any important change of principle either in pathology or treatment.

Many of the articles have undergone no change worthy of notice; in fact, we cannot see where any alterations could be advantageously made in them. Among these are Mr. Holmes's on Burns and Scalds and on the General Pathology of Dislocations, Mr. Prescott Hewett's on Injuries of the Head, Mr. Pollock's on Injuries of the Abdomen, and Mr. Birkett's on Injuries of the Pelvis. Mr. Hornidge might have taken advantage of the second edition to insert in his article on the General Pathology of Fractures a more complete account of the various immovable appliances used in their treatment—such as starch, plaster of Paris, glue-bandages, &c. The book is certainly incomplete while it does not contain a detailed and accurate description of the mode of application of these bandages, as at some hospitals, both in this country and abroad, scarcely a fracture is treated without one of them.

We find many very interesting and valuable additions to Professor Longmore's article on Gunshot Wounds, as we should naturally have expected when we consider that since the first edition of this work appeared the American war has been brought to a close, and the greater part of the surgical statistics and reports of the army surgeons have already been published. During the same time we have also seen in Europe the Schleswig-Holstein and Bohemian campaigns. In spite, however, of the enormous experience that military surgeons have thus had in the last ten years, we find no general principle contained in Professor Longmore's article in the first edition has been changed in the present one. The copious bloodletting for hæmorrhage from penetrating wounds of the chest seems to have been finally abandoned, but the question of trephining in gunshot wounds of the head appears to be a little unsettled again by the remarkably favourable statistics of that operation derived from the American war. Conservative surgery of the lower limb seems to have met with but little success, the mortality after primary excision of the knee having been

frightfully great, only one authentic recovery being recorded in the American war.

Mr. Shaw has considerably enlarged his article on Injuries of the Back, chiefly by dealing more fully with the slighter injuries, such as sprains and the severe consequences said so often to follow them. Mr. Shaw considers the question of the existence of the so-called concussion of the spine, followed by progressive paraplegia, to be still unsettled; and, as he truly says, "what is most wanted for the better understanding of these cases is a greatly enlarged number of post-mortem examinations, as at present our knowledge is chiefly derived from litigated cases, deformed by contradictory statements and opinions."

Mr. Holmes Coote's article on Injuries of the Face has undergone no material alteration. We notice still that, when describing the treatment of closure of the jaws from a contracted cicatrix on one side of the mouth, he makes no mention of either Esmarch's or Rizzoli's operation for relief of that deformity; and on fracture of the jaw he gives no description of Lonsdale's splint, or any of its modifications.

The article on Injuries of the Neck, which was formerly written by the late Mr. Henry Gray, has been entirely rewritten by Mr. Durham. The original plan has been preserved, but many and copious additions have been made, rendering it one of the most complete treatises in the whole volume. The subject of foreign bodies in the air- and food-passages is treated of very fully, and some very interesting tables have been added, containing all the recorded cases of œsophagotomy. In the part on tracheotomy, Mr. Durham has introduced some drawings, and a description of a very ingenious flexible tracheotomy tube of his own invention, which is intended to prevent the ulceration of the trachea not uncommonly caused by the pressure of the ordinary rigid tube.

Mr. Poland has rendered his article on Injuries of the Chest more perfect by adding a few pages on dislocations of the ribs, and a very interesting table of cases in which foreign bodies have penetrated the heart or pericardium without causing immediate death.

Mr. Flower's article on Injuries of the Upper Extremity has been re-edited by Mr. Hulke; but we find no alteration of any importance, with the exception of the addition of a few woodcuts.

Mr. Holthouse has added a good deal of new matter to his article on Injuries of the Lower Extremity, chiefly on the subject of fractures of the femur, making it as complete as any treatise in the book.

On the whole, we may undoubtedly say that this volume has fully reached the position which the work was intended to take as the most complete System of Surgery in this or any other language.

A Description of the Human Body; its Structure and Functions. Illustrated by 9 Physiological Diagrams, containing 193 Coloured Figures. By JOHN MARSHALL, F.R.S., F.R.C.S., &c. Second Edition. London: Alfred Tarrant, Lincoln's-inn-fields. 1870.

THE first edition of this excellent work was published ten years ago, and the present is a reprint without alteration or addition. This in itself speaks strongly in favour of the care and ability with which it was originally written, for we are sure that Mr. Marshall would not allow a new edition to appear without careful revision. The work is designed especially for the use of teaching in schools, as an introduction to the study of anatomy for those who are destined for the medical profession, and for popular instruction generally. Its teaching is therefore necessarily of an elementary character; but, on looking over the pages, we find that few points of general interest have been omitted. The plan pursued throughout is to give a short description of the general relations of the several organs, bones, ligaments, muscles, lungs, heart, &c., with slight references to comparative anatomy, followed by a clear account of the function of each; whilst a separate section is devoted to the minute anatomy of the different tissues. In a work of this kind it is of great importance that the language employed should be intelligible to persons of ordinary comprehension, as, in the event of the free use of technical phrases, the unscientific reader will be likely to throw down the book in disgust, and declare it to be unreadable. Mr. Marshall has, we think, fairly met this difficulty, and has adapted his language to those who are altogether unskilled in science. The illustrations are an important feature of the book, and, having been taken from excellent sources, will afford very essential aid to the beginner in overcoming the dryness which always appertains to descriptive details. Here and there we should like to have seen the results of modern investigation introduced—as, for example, in the account of Respiration, where the amount of air inspired at each inspiration is given at twenty-five cubic inches, though from Dr. Smith's observations it may safely be estimated at thirty cubic inches. And, again, the remarks on the cranial bones considered as vertebral segments &c. (p. 9), short as they are, might have been advantageously omitted. It seems to us, too, that the sections on Special Sense are rather longer than requisite, and might be curtailed; whilst one on Diet might be introduced. The principal fault of the book is its form. The text is a quarto, one of the most awkward sizes possible; but its inconvenience is a trifle compared with the volume of plates, which is a nondescript, fitting no shelf in our library, and impossible to place beside its brother. Apart from these trifling objections, however, the book may truly be said to fulfil satisfactorily the end for which it was designed, and we can strongly recommend it to school-teachers and others who are desirous of obtaining a good general knowledge of anatomy and physiology.

GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

Session 1870.

ROYAL COLLEGE OF PHYSICIANS.

MONDAY, FEBRUARY 28TH.

THE Council reassembled at one o'clock, but did not commence its proceedings until two, in consequence of a misunderstanding on the part of the Business Committee with reference to the hour to which the Council had been adjourned.

The PRESIDENT said he had received a letter from Sir John Gray, enclosing a copy of his Medical Bill, and soliciting suggestions for its improvement.

After some conversation on the subject, it was arranged that the Bill should be read by the Registrar at the termination of the sitting of the Council, for the benefit of such members as might desire to hear it.

Dr. PARKES, pursuant to notice, moved the following resolution: "That the medical corporations and universities established in each division of the United Kingdom shall be requested to concert a scheme for the constitution and regulation of a conjoint examining board for that part of the kingdom to which they belong; and shall, within a time to be fixed, submit such scheme to the consideration of the Medical Council." With regard to the time to be fixed for submitting the proposed scheme to the Council, he said the time ought not to be too short, or it might interfere with university business.

Dr. ANDREW WOOD seconded the motion.

Dr. HUMPHRY, in supporting the motion, said the object

was to throw upon the medical corporations the responsibility with regard to the subjects of medical education. The College of Surgeons, in each division of the kingdom, would be made responsible for the education and examination in surgery, and the College of Physicians for the education and examination in medicine, subject to the supervision of the Council. It might be said that the scheme had been framed by those who were members of corporations; but they were also members of, and were deeply interested in, their profession, to which those corporations ought to be subservient. He did not wish to diminish the force of the resolution that had been proposed, but rather to increase it, and he accordingly proposed the addition of the following words:—"And that the General Medical Council shall make provision to supervise and insure, as far as possible, harmony and a sufficient standard in the examinations to be held in the several divisions of the United Kingdom." It might be said that the power was given in the present Act; but the Act did not distinctly contemplate a joint board, and at all events the Council ought to express its opinion definitely upon the subject. Besides, it would hardly be fair to the corporations and universities to send forth such a resolution without the proposed addition.

Dr. BENNETT thought that Dr. Humphry's proposition should be brought forward as an independent motion.

Dr. ALEX. WOOD said that anything about the Medical Council had been expressly omitted from the resolution.

Dr. STOKES objected to the medical corporations being mentioned before the universities, and suggested their transposition.

Dr. QUAIN thought it should be distinctly stated that the scheme to be concerted should be in accordance with the resolution of the Council at its previous meeting.

Sir D. CORRIGAN could not vote for the motion. Some of the bodies had refused to entertain the scheme at all; and it ought not to be assumed that they would now adopt it. The motion was based upon a *petitio principii*; and it reminded him of a friend of his who told him that he was about to be married to a rich heiress, and when he was asked how far the matter had gone, he replied, "Oh, it has gone half-way; I have my own consent." (Laughter.) The Council had its own consent to the scheme for a separate board for each division of the kingdom; but it was a scheme that he (Sir D. Corrigan) would oppose with every power that he could command, and a scheme that several of the bodies had declined to entertain; yet they were now coolly called upon to concert a scheme and submit it to the Council on or before the 1st of June. Dr. Alexander Wood had only asked for two months, in order that the licensing boards might have time to consider the Lord President's letter, but he was met by the cry that that would be delaying legislation; yet it was now proposed that the time for the answers from the universities and corporations should be extended to the 1st June. But there was not the slightest probability of an Act of Parliament being passed during the present session.

The resolution was then put and carried in the following form:—"That, in accordance with the foregoing resolution, the universities and medical corporations established in each division of the United Kingdom shall be requested to concert a scheme for the constitution and regulation of a conjoint examining board for that part of the kingdom to which they belong, and shall, on or before June 1st, 1870, transmit such scheme to the consideration of the General Medical Council."

The next motion of which notice was given by Dr. Parkes—"That if the several schemes be approved by the General Medical Council, they shall become law"—was withdrawn.

Dr. PARKES then moved the following resolution:—"That any alterations in the aforesaid schemes deemed necessary by the Council should be considered by the conjoint bodies, and their opinion reported to the Council, and that, in case of disagreement between any of the conjoint bodies and the Council, the points of difference should be referred to the consideration and decision of her Majesty's Privy Council. That the same course should be followed if, in process of time, it should be considered advisable to make any alteration in the original constitution or rules of the conjoint examining boards."

After some discussion, the resolution as proposed was put, and carried.

Dr. PARKES proposed, "That the powers required for carrying the foregoing resolutions into operation be sought from the Legislature, and that Her Majesty's Government be requested to bring in, and carry through Parliament, a Bill to amend the Medical Acts, which shall contain the requisite provisions."

Sir D. CORRIGAN said he regarded the establishment of three boards as likely to prove mischievous, and to be the means of renewing national jealousies, of which he had hoped no more would be heard. There would be a battle between three shops instead of nineteen, but there was no difference in principle. Men would go out into the world stamped as English, Irish, and Scotch—a state of things, as he regarded, most objectionable. On that ground he had advocated the establishment of a central board, which would give a diploma of a general, instead of a local, character. If he stood alone, he would divide the Council on that point, and he would not be a party to the course now proposed to be taken.

Dr. ACLAND said he abstained from speaking last week on the merits of the question because his opinions were well known, and he did not desire to waste the time of the Council. But he could not allow Sir D. Corrigan's interpretation of what the Council had done to be stigmatised as it had been without protesting against such a proceeding. The Council had resolved upon the principle of a united examination, knowing well that while so many separate examinations existed it was impossible that the profession, or the country at large, should be satisfied. It was to him a matter of indifference whether the Council decided upon one board or upon three; the great principle to which he was pledged was that of uniting the boards in the best possible manner, the method of amalgamation being a matter of secondary importance. The object was to get the best national board or boards that could be obtained. There was no intention of reviving national jealousies; on the contrary, every effort would be made to prevent that result. No doubt there would be difficulties in the conduct of three so-called national boards, but it might turn out that that was practically the best plan that could be adopted.

Sir D. CORRIGAN said he did not impute to the Council the intention of reviving national jealousies; he only contended that that would be the effect of the course proposed to be taken.

Dr. ANDREW WOOD said he wished to guard himself against the supposition that he was pledged to any particular mode of carrying out the object in view.

The resolution was put and carried.

Dr. HUMPHRY proposed the following resolution,—"That a committee be appointed to communicate with the Government in the preparation of such Bill, and that it be an instruction to them to introduce such clauses as may not only legalise the action of the conjoint boards, but may contain powers to the General Medical Council to organise such boards, if the universities and corporations of any division of the kingdom fail to do so, and may also contain provisions for the supervision of the conjoint boards, and which may, as far as possible, assure their harmonious working; but that the draft of the Bill, when ready, be submitted for approval to the General Council." It was important, he said that, while the Council adopted the principle of three boards, it should express itself definitely (not simply allowing its opinion to be inferred) as to the necessity of harmonious action between the boards.

Mr. HARGRAVE seconded the motion.

Dr. ALEX. WOOD said that the principle of a conjoint examination having been adopted by so large a majority of the Council, he had felt it his duty to give what assistance he could in carrying out the details; but he had an unqualified objection to the proposed motion, because it pledged the Council to the principle of three boards, which it was desired to keep open. If the motion was carried, the hands of the Council would be tied. The Committee would, of course, take action in the direction indicated by the resolution, without any specific instructions. In order to get rid of the resolutions, he would move the previous question.

Dr. ANDREW WOOD seconded the previous question, which was put and carried without discussion.

Mr. CÆSAR HAWKINS moved the following resolution:—"It is the opinion of this Council that if power should be given to the General Council to register, under certain restrictions, foreign or colonial degrees or diplomas, the holders of such foreign or colonial degrees or diplomas

should undergo, previous to their registration, the same examination which will be necessary in the case of every person who desires to register any of the qualifications recognised in Schedule A of the Medical Act." The clause with reference to holders of foreign and colonial degrees was, he said, forced upon them by the Home Office, and they were told that they must assent to it if they wished anything to be done. If the holders of English degrees and diplomas were to be required to pass a special examination for the purpose of registering, it could be no hardship to foreigners to be placed on the same footing. (Hear.)

Dr. QUAIN seconded the motion, which was unanimously adopted.

Mr. CÆSAR HAWKINS then moved, "That it is the opinion of this Council that the words, 'Provided such person shall have resided in the United Kingdom for a period not less than twelve months previous to making application to be registered,' should be omitted from the proposed Clause 11, in the draft Bill for the Amendment of the Medical Acts." He said that as the holders of foreign and colonial degrees would have to undergo an examination, the twelve months' residence would be unnecessary.

Mr. HARGRAVE seconded the resolution.

Dr. ALEX. WOOD said he had great doubts of the propriety of the proposed resolution. There was a question under consideration as to whether offences previous to registration could be visited by removal from the Register. The words proposed to be omitted were adopted after grave consideration. It was thought possible that persons who had misconducted themselves in the colonies might get themselves registered in England, and that there might be a legal impediment to the removal of their names, because the offence was committed before registration.

Dr. BENNETT thought that the words should remain. There were, he said, more holders of foreign diplomas in London than in any other part of the United Kingdom, and he did not think that unnecessary facilities should be offered for their registration.

Mr. CÆSAR HAWKINS withdrew his motion.

Dr. FLEMING proposed, "That in any amending Medical Bill it is desirable that a clause should be inserted, enabling the General Medical Council, or any of the Branch Councils, to establish a board or boards for the examination of intending medical students in general education."

Mr. HARGRAVE seconded the motion.

Dr. ALEX. WOOD supported the motion, but said he hoped it would not be necessary. If such a power were possessed in Scotland they would compel the institution of proper boards, which they could not do now.

The motion was unanimously adopted.

Dr. APJOHN moved the following resolution:—"That in any Bill intended to carry out the preceding resolutions this Council is of opinion there should be no interference with the universities and surgical and medical corporations, as respects the times at which they may, as heretofore, choose to confer their degrees and licences."

Dr. A. SMITH seconded the motion.

Dr. ACLAND thought it inexpedient to go into further details. There were many persons who passed their examinations and preferred not to be registered, and curious questions might arise with regard to them.

After a short discussion, the motion was negatived.

Dr. PARKES moved, "That a committee be appointed to communicate with the Government in the preparation of the amending Bill; and that the draft of the Bill, when ready, be submitted for approval to the General Council." He said he thought the best course to be adopted was to send the Bill, when drawn, to the Branch Councils for their opinions; the Committee, on receiving those opinions, could communicate with the Government; and when the Council met again in July, the scheme could be finally settled.

Dr. ACLAND seconded the motion.

Dr. ALEX. WOOD said he could conceive no course of action more likely to be detrimental to the interests of any Bill that might be introduced, than referring it to the Branch Councils. He did not think it absolutely necessary that the Council should be consulted as to the clauses of the Bill before it was introduced. A large Committee, representing all classes of opinion, could adjust the clauses, and while the Bill was under discussion in Parliament, the Council could be assembled, and take it into consideration at the same time.

Mr. COOPER thought that a subject of so much importance ought not to be decided by the Branch Councils. It was a subject that involved the very existence of some of the corporations; and anything like precipitate legislation would be extremely undesirable.

After some remarks from Dr. QUAIN,

Dr. ALEX. WOOD moved the following amendment:—"That a Committee be appointed to communicate with the Government in the preparation of an amending Medical Bill. That the President be instructed to summon the Council in time to consider the provisions of such Bill before it passes into committee in either House of Parliament."

Dr. SHARPEY seconded the amendment.

Dr. PARKES said he should be happy to withdraw his motion in favour of the proposal by Dr. Alex. Wood. The amendment thereupon was adopted as a substantive resolution.

Dr. PARKES proposed that the Committee in question should be the Executive Committee, with the addition of Dr. Quain, Dr. Storrar, and Dr. Apjohn.

Sir D. CORRIGAN reminded the Council that the Executive Committee was not then in existence, not having been appointed.

Dr. ANDREW WOOD suggested that the nomination of the Committee should be deferred until the Executive Committee had been appointed.

Dr. APJOHN said he could not serve on the Committee.

The PRESIDENT said that the Council possessed no power of paying the travelling expenses of any other committee than the Executive Committee.

Dr. ALEX. WOOD thought that the Executive Committee could undertake the business without any addition to its numbers.

Dr. PARKES moved,—"That the Executive Committee, when appointed, undertake the conduct of this business."

Mr. HARGRAVE seconded the motion.

Dr. THOMSON moved as an amendment,—"That a committee, consisting of the members of the Executive Committee, together with the following—namely, Dr. Parkes, Dr. Storrar, Dr. Quain, Dr. Christison, and Mr. Hargrave, undertake the conduct of this business.

Dr. MACROBIN seconded the amendment.

Dr. ALEX. WOOD said it was possible that one of the gentlemen proposed by Dr. Thomson might be elected on the Executive Committee. The business ought to be entrusted to a separate committee, or to the Executive Committee alone.

The amendment was then put to the Council and negatived, and the original motion was carried.

Dr. PARKES moved,—"That a committee, consisting of the President, Mr. Hawkins, Dr. Sharpey, and Dr. Parkes, be appointed to draft a letter to the Lord President of the Privy Council, and to submit this draft to-morrow to the Council as the first business."

The motion was seconded by Dr. ALEX. WOOD, and unanimously adopted.

The PRESIDENT stated that the next subject on the paper was that of the proposed Royal Commission, but it had been really already discussed.

Sir D. CORRIGAN said the subject had not been formally brought before the Council. He then proceeded to move, pursuant to notice, the following resolution:—"That from the many different opinions that have existed, and still exist, as to proposed amendments of the Medical Acts, both within and without the Council, it appears desirable, before proceeding with any new legislation, that a Royal Commission of Inquiry should issue to take evidence from such members of the Medical Council, and such other persons as the Commission may see fit to examine, with the view of furnishing evidence and a Report, which it is hoped will prove a sound basis for legislation." There was not, he said, a single point of importance with reference to medical legislation on which the Council was unanimous. One point of the highest importance had been altogether overlooked—namely, the constitution of the Council, and the admission into it of members representing the profession. That was a point upon which the profession out of doors was more anxious than upon anything else; but the Council had never yet entertained it.

Dr. RUMSEY seconded the motion.

Dr. ANDREW WOOD said that after having received all the information they had from all parts of the country, and

from abroad, they would be stultifying themselves to accede to the proposal of Sir D. Corrigan. If the Government were dissatisfied with what the Medical Council had done, they would themselves issue a Royal Commission.

Sir D. CORRIGAN said, with regard to the expense of the Commission, he himself had sat upon a Commission for a considerable time, and the only thing he received was a dispatch box worth about thirty shillings. (Laughter.)

The motion was then put and negatived, 3 voting in its favour, and 14 against.

Dr. PARKES moved,—"That the Committee appointed to confer with the licensing bodies on the report of the Committee on Education be reconstituted, and be termed the Committee on Professional Education." He said he proposed to withdraw some resolutions of which he had given notice, as the subject could be better taken up when the full report of the Committee was before the Council.

The motion was seconded by Mr. CÆSAR HAWKINS, and unanimously adopted.

Dr. PARKES moved the following resolution:—"That it be an instruction to the Executive Committee to communicate to the Privy Council the correspondence between the Registrar and the Queen's University in Ireland, and to urge upon the Privy Council the necessity of refusing registration to the graduates of the Queen's University until the University complies with the recommendations of the General Medical Council on the preliminary examination of medical students." It was, he said, extremely unfortunate that such an institution as the Queen's University in Ireland should be placed in such a position. It was an admirable institution, and its medical degrees were of an extremely high order, and he had not a word to say against its professional examinations. It was impossible, he thought, for the Queen's University to have replied as they had done to the Council had it not been for a misconception on their part of the Council's wishes. The question was not one as to professional teaching in the University, nor as to the power which the University possessed of continuing general education during the time that students were studying for the medical profession. The question was whether the recommendation of the Council, that before medical education commenced there should be a preliminary examination in general education, had been infringed by the Queen's University. Secondly, was the recommendation so important as to render it necessary that it should be strictly enforced? And, thirdly, ought the Queen's University, under the circumstances, to be represented to the Privy Council for not enforcing it? The facts of the case were briefly these. In 1867 one of the visitors reported that the Queen's University was not carrying out the recommendation. In 1868, when the report came before the Committee, Dr. Andrew Wood, the chairman, thought it desirable to direct the special attention of the University to the fact, and it was found last year that the University had taken no notice of the subject. At the meeting of the Council Dr. Storrar moved a resolution, in which mention was made of reporting the University to the Privy Council. He (Dr. Parkes) moved an amendment, which was adopted, thinking that full opportunity ought to be given to the University to state its opinion upon the matter. After the last meeting of the Council the Registrar sent a copy of the resolution of the Council to the Queen's University begging for a reply. Two replies had been received, neither of which contained a satisfactory answer to the inquiry. As to the second question, whether the Queen's University was right in its refusal, he submitted that that was a point which the University must argue before the Privy Council. It was a matter that had engaged the most earnest attention of the Council, and he thought it of so much importance that it was absolutely necessary that it should be enforced. No doubt it was open to the University to say, "Admitting the full force of the recommendation with regard to many bodies, it is not necessary to enforce it in our case." But if one body was allowed to disregard the recommendation, the same liberty would have to be allowed to all the others. If any exception was made it would lead to endless confusion. If the recommendation was a good one, it should be made general; if it was a bad one, the sooner it was done away with the better. The Council had already decided that it was a good recommendation, and it ought not to be in the power of any licensing body to refuse to comply with it. The next point for consideration was whether the Queen's University ought to be represented to the Privy Council. It must come to that some time or other, and as the subject had been referred to in two successive years, he could see no reason for any further delay. He did not think it was dealing at all hard with the University to bring the matter before the Privy Council for its decision. They had great difficulty in ascertaining whether or not there was an examination at the University which might be substituted for, or which was equivalent to, the preliminary examination. He asked Sir D. Corrigan last year very explicitly, "Do you or do you not give such an examination?" but no answer was given to that question.

Dr. STORRAR seconded the motion.

It being six o'clock, the debate was adjourned, and a resolution was passed, on the motion of Dr. EMBLETON,—"That the standing orders be suspended, and that the Council meet to-morrow, at one o'clock."

TUESDAY, MARCH 1ST.

The Council reassembled at 1 o'clock, the President, Dr. PAGET, in the chair.

The PRESIDENT submitted to the Council the draft of a letter to the Lord President of the Privy Council. The letter, which simply reported the resolutions which had been arrived at, was considered, paragraph by paragraph, and adopted.

On the motion of Dr. PARKES, seconded by Dr. ANDREW WOOD, it was resolved—"That this letter, as now approved of, be transmitted, with the Minutes of the Council during its present session, and the other official communications on the subject of an amended Medical Act, to the Lord President of Her Majesty's Council."

The adjourned debate was then resumed, on the motion of Dr. Parkes, with reference to the Queen's University in Ireland.

Dr. AQUILLA SMITH thought the motion was inopportune at the present moment; the Queen's University having stated, in their last communication, that the subject should be taken into consideration. Under present circumstances he thought it would be an ungracious act to institute proceedings, especially as medical affairs were likely to be very fully considered, and in many respects changed.

The PRESIDENT called attention to the fact that the Queen's University had, within the last twelvemonth, added clinical examinations to their former final examinations, and asked Dr. Parkes whether, taking that circumstance into account, he would wish to press his motion.

Dr. PARKES thought it would perhaps be best to withdraw the resolution, and direct another letter to be written to the University, in the hope that a satisfactory reply would be received before the next meeting of the Council. But perhaps it would be more regular that an amendment to that effect should be proposed.

Dr. ALEX. WOOD said that the motion would probably never have been made but for the jocular way in which Sir D. Corrigan had continually referred to the perversity of the Queen's University, as if it was a matter of glorification instead of a matter of shame.

The following amendment was moved by Dr. ALEX. WOOD, and seconded by Mr. HARGRAVE,—"That, in answer to the communication from the Queen's University, informing the Council that the 'Senate are engaged in revising the whole scheme of medical education and examination, and that the question of holding a preliminary examination prior to the commencement of medical studies, will obtain their careful consideration,' the Registrar inform the University that the Council will hold another session in a short time, and that the Council hope that, previously to the next session, the University will have conveyed to the Council their decision on the question referred to."

Sir D. CORRIGAN said he did not intend to vote on the subject, and he did not wish to prolong the discussion. Dr. Alex. Wood had said that the Queen's University ought to feel a sense of shame and degradation. But for what cause? Was it because they educated men of whom they heard from Dr. Parkes that in the Army and Navy examinations they held a high place? Why should he have a feeling of shame in supporting a course which had enabled the Queen's University to send such men into the public service?

Dr. ALEX. WOOD.—I said that the Queen's University

should have a feeling of shame for trying to resist the Council, and not answering its communications in the spirit in which those communications were made.

Sir D. CORRIGAN.—You used the word "shame" as applied to me.

Dr. ALEX. WOOD.—I did not.

Sir D. CORRIGAN.—You did; and I will not allow you to get out of it.

Dr. ALEX. WOOD.—I used the word "shame," but not in the sense Sir D. Corrigan imagines. I said that shame should be felt for the way in which the Queen's University has refused to correspond with this Council.

Sir D. CORRIGAN said it was now worse than ever (laughter), and he wished to know whether the charge came well from the president and representative of a body that sold a thousand licences for £10 each, without any examination. That conduct was as guilty as any that had ever been committed in the United Empire; and yet the representative of that body who, he believed, in his capacity as president, put his name to those lying diplomas, dared to say that he (Sir D. Corrigan) ought to have a feeling of shame for the university that sent the best men in the kingdom to the competitive examination for the army and navy. Dr. Alexander Wood should have been the last man at the Council-table to have used such a word. With regard to the reading of the clause in the Act of Parliament he thought it was unobjectionable. Suppose the Act had said that anybody that refused to agree to the recommendations of the Council should forthwith be disfranchised; to what extent might not the Council employ such a power? The clause did not permit the Council to punish everybody that did not agree with its recommendations; it carefully abstained from giving the Council such a despotic power. It gave to each body the uncontrolled power of carrying on education as it liked; and he hoped that power would be preserved most carefully in any new Bill, and that the Council would never meet to dictate to any licensing body in the kingdom the mode of education it should adopt. He regretted, for the sake of the Queen's University, that the motion was not carried. The first witness called before the Privy Council would have been Dr. Parkes himself, and he would have been asked in what position the graduates of the Queen's University stood in the examinations for the public service.

Dr. PARKES.—I should have said that that had nothing to do with the question.

Sir D. CORRIGAN.—It would have to do with the question, and it would have to do with the Act of Parliament, which only required means to be used that should secure to the candidates "the requisite knowledge and skill for the efficient practice of their profession." Could it be contended that the Queen's University did not secure to its graduates that benefit?

Dr. PARKES said it was possible that they might be defeated on the technical view of the question before the Privy Council, but he was sure that on the real merits of the case the Privy Council would be with them. No doubt the refusal of registration was a severe penalty to impose, but there was no other way open to the Council to enforce its recommendations. He could only hope that the Queen's University would take the subject again into consideration, and communicate with the Council on the subject.

The amendment was then put, and carried.

Report of the State Medicine Committee.

Dr. ACLAND presented the report of the State Medicine Committee. The report submitted certain clauses to be added to the Act of Parliament. It proposed to define State Medicine as follows:—

The expression "State Medicine" shall be taken to mean the application of the physical and medical sciences to the safety and well-being of the community; and it shall include medical jurisprudence and the care of the public health.

The report further proposed that the two following permissive clauses should be added to any amended Medical Bill:—

A. That if at any time hereafter any university of the United Kingdom shall grant any degree or certificate of proficiency or university title in State Medicine, it shall be lawful for the General Medical Council to insert such degree, certificate, or title in the Medical Register as a qualification, in addition to any other qualifications mentioned in the Medical Acts.

B. That if at any time hereafter any two or more of the licensing bodies in the United Kingdom mentioned in Schedule A to the Medical Act, not being universities, shall, with the sanction and under the direction of the General Medical Council, unite in conducting or in providing for the examinations to be required for a qualification in State Medicine, and shall be empowered by Act of Parliament, or by charter, or by any other legal means, to grant a licence in State Medicine, and shall thereupon (proceed to) grant the same, it shall be lawful for the General Medical Council to insert such licence in the Medical Register as a qualification, in addition to any other qualifications mentioned in the Medical Acts.

Dr. ACLAND said he had been asked by Dr. Andrew Wood whether it was desired that the report should be brought forward at the present sitting of the Council. He believed it was the unanimous desire of the Committee that it should be brought on without delay. Several of the licensing bodies had sent replies to the communication of the Committee, and there seemed to be a general wish that some permissive measure should be adopted. The Royal College of Physicians of England, however, had stated that they did not wish to express any opinion upon the subject at present. It was not proposed that there should be anything compulsory, but that permission should be given to the licensing bodies to institute a qualification or diploma in State Medicine, and that under certain conditions such qualification or diploma should be entered in the Register, it being understood that the candidates must already possess some qualification in medicine. The Council had already decided as to the necessity of a uniform pass examination, and it was hardly necessary to add that every person possessing a qualification in State Medicine, and desiring to be on the Register, would have to pass that examination. Mr. Ouvry had proposed certain clauses, and the committee had drawn up others which they thought were preferable. They had divided Mr. Ouvry's Clause B into two parts, thinking that it would be desirable to deal separately with the universities and the other licensing bodies. The committee were of opinion that the Council would direct them to confer again with Mr. Ouvry on the subject of the clauses, and report to the Council at a future sitting. It was very desirable, however, that there should be no delay. With regard to the universities, it was proposed that they should be permitted at once to carry out the scheme, without any interference on the part of the Medical Council; but with regard to the licensing bodies, their action in the matter was to be with the sanction and under the direction of the Council. Dr. Acland concluded by moving, "That the report of the State Medicine Committee be received, and that the committee be reappointed; that they further confer with Mr. Ouvry as to the proposed clauses to be introduced into the Act of Parliament, and that they report again to the next meeting of the Council."

Dr. PARKES seconded the motion.

Dr. BENNETT said he was willing to assent to the motion if it did not imply any acceptance of the proposal of the Committee on the part of the Council.

Sir D. CORRIGAN said he thought that an invidious distinction had been drawn between the medical corporations and the universities in the amended clauses, and he strongly objected to any such distinction. The licensing bodies were put in an inferior position, and were required to act with the sanction and under the direction of the Medical Council, while no such restriction was placed upon the universities. Whatever privilege was given to the universities ought in his opinion to be accorded to the licensing bodies.

The PRESIDENT said the question before the Council was not whether the proposal of the Committee should be accepted, but whether their report should be received.

Sir D. CORRIGAN thought that it should be an instruction to the Committee in its future deliberations to make the same laws applicable to the universities and the corporations.

Dr. FLEMING thought that Clause B, as proposed by Mr. Ouvry, was preferable to the amendment proposed by the Committee.

Dr. BENNETT thought that the Committee would be more likely to succeed if they confined themselves to one or two specific points; and suggested that in their future deliberations they should confine themselves to the introductory paragraph, and to Clause B, as originally drawn by Mr. Ouvry. He thought the clauses proposed by the Committee were in every respect inferior to Mr. Ouvry's.

Dr. ACLAND said the Committee had endeavoured to explain the case as plainly as possible, and not to force any particular views upon the Council. With regard to the distinction drawn between the universities and corporations, the question was partly a legal one. It was a question whether the universities had not the right to adopt the

proposal at once. In the communication from the University of Oxford it was suggested that before a multitude of new qualifications were introduced, it would be desirable to see whether the object could not be effected by combinations. That was a question for consideration, and the Committee did not wish to blink it.

The motion for the adoption of the report was then put and carried.

Dr. QUAIN moved,—"That the opinions of the universities and corporations on the report of the State Medicine Committee be printed as an appendix to the Report."

Dr. STOKES seconded the motion.

Dr. BENNETT said that the College of Physicians had not given an opinion on the subject—not because they thought it unimportant, but because they thought it was not pressing, and there were other matters of an urgent character to be considered.

Dr. HUMPHRY, in answer to a question from Dr. Embleton, said he thought the universities had power to grant certificates in State Medicine.

Dr. ACLAND thought the matter was pressing, and he hoped the Council would not be behind other bodies in discussing it.

The motion was unanimously adopted.

Sir D. CORRIGAN moved, "That it is the opinion of the Council with respect to proposed arrangements in the report on State Medicine, having reference to separate regulations for medical corporations and universities, that there should not be any distinction made between the privileges of the respective universities and corporations represented on the Medical Council."

Mr. COOPER seconded the motion.

Dr. STOKES said that the distinction drawn by the committee between the universities and the corporations was not an invidious, but a legal one. The universities, it was well-known, had by law the power to grant degrees in State Medicine or anything else; but the corporations could only grant their licences for curative medicine and surgery.

Sir D. CORRIGAN said he should persevere in his motion. An objection had been made to the issue of licences in State Medicine by nineteen different bodies; and he feared an effort might be made to favour some bodies in that matter at the expense of others. He was not prepared to admit that the universities had a power in reference to State Medicine which the corporations did not possess, and he declined to take the law on the subject from Dr. Stokes. His only object, in bringing forward the resolution, was that all the bodies represented at the Council should be placed upon an equality of privileges.

The motion was then put and negatived; four voting in its favour, and fourteen against.

Dr. SHARPEY presented the following

Report of the Finance Committee.

The Finance Committee beg leave to present, in the subjoined table, a statement of the estimated and actual income from ordinary sources, and of the estimated and actual expenditure, for the year 1869. The early period of the year and the uncertainty as to future meetings of the Council have appeared to the Committee sufficient reasons for not offering an estimate for 1870.

It will be seen from the table that the actual expenditure of 1869 amounted to £5489 14*s.*, which exceeds the actual income by £765 15*s.* 5*d.* The excess of expenditure is in part owing to the charges for printing and other expenses incurred by the Committees on Education and State Medicine, which came to £381.

The income of 1869 has fallen short of that of the previous year by £405 5*s.* 11*d.* Of this difference, £356 5*s.* is owing to a diminution in the amount of fees received for registration.

A statement of the receipts and disbursements on account of the British Pharmacopœia, up to Jan. 5th, 1870, has been given in the accounts which appear in the Minutes of the Executive Committee, and which will be presented to Parliament and published in the Medical Register as usual. The Finance Committee recommend that the balance in the bank of £337 6*s.* be applied towards repayment of moneys advanced by the Council for publishing the Pharmacopœia, which will reduce the sum remaining due to the Council to £374 14*s.* The Committee further recommend that for the future the receipts and expenses connected with the Pharmacopœia should not form a separate account, but, like those relating to the Medical Register, should be included in the ordinary accounts of the General Council. If the repayment now recommended be made, it will, with any further receipts for sales, contribute to augment the ordinary income for next year, and will reduce the debt still owing to the Council to £374 14*s.*

W. SHARPEY, Chairman.

	Estimated Income for the year 1869. £ s. d.	£ s. d.	*Actual Income for the year 1869.* £ s. d.	£ s. d.
Fees received by—				
Branch Council for England ...	2450 0 0		2281 15 0	
" " Scotland ...	700 0 0		617 10 0	
" " Ireland ...	800 0 0		732 0 0	
		3950 0 0		3631 5 0
Dividends received by—				
Branch Council for England ...	670 0 0		644 18 9	
" " Scotland ...	65 0 0		64 10 10	
" " Ireland ...	60 0 0		64 2 0	
		795 0 0		773 11 7
Sale of Registers	... ...	280 0 0	... ...	271 7 6
Penalties			... ...	47 14 6
		£5025 0 0		£4723 18 7

	Estimated Expenditure for the year 1869. £ s. d.	£ s. d.	*Actual Expenditure for the year 1869.* £ s. d.	£ s. d.
Expenses of—				
General Council	... ...	4300 0 0	... ...	4265 13 9
Branch Council for England ...	700 0 0		642 9 10	
" " Scotland ...	300 0 0		286 0 7	
" " Ireland ...	300 0 0		295 9 10	
		1300 0 0		1224 0 3
		5600 0 0	Total Expenditure ...	5489 14 0
Estimated Income ...		5025 0 0	Total Income	4723 18 7
Estimated Excess of Expenditure ...		£575 0 0	Excess of Expenditure over Income	£765 15 5

The foregoing report was received and adopted without discussion.

Dr. THOMSON then moved—"That, for the purpose of conducting the business of communicating with the Government in the preparation of an amending Medical Bill, delegated to the Executive Committee by the Council at its meeting of 28th February, there shall be associated with the members of that Committee, the following members of Council, namely—Dr. Parkes, Dr. Christison, Dr. Storrar, Dr. Quain, and Dr. Apjohn."

Dr. ALEX. WOOD said that the Council had already delegated the business in question to the Executive Committee, and they were bound to limit the number of the committee to seven. He thought, therefore, that the motion could not be put.

The PRESIDENT thought the objection was fatal, and the motion was consequently not received.

The Council then balloted for the Executive Committee, and the following members were declared elected—Dr. Bennett, Mr. Hawkins, Dr. Acland, Dr. Andrew Wood, Dr. A. Smith, and Dr. Sharpey.

On the motion of Dr. ANDREW WOOD, seconded by Dr. PARKES, the Pharmacopœia Committee, consisting of Dr. Christison, Dr. Sharpey, Dr. A. Smith, and Dr. Quain, was re-appointed.

On the motion of Dr. EMBLETON, seconded by Mr. HARGRAVE, it was resolved—"That the Committee on the Registration of Medical Students, and the Returns of Professional Examinations and their results, be continued, and report at the next meeting of the Council."

A communication was read from the Apothecaries' Society with reference to a resolution of the Branch Council for England, declaring it to be expedient that the Society of Apothecaries should possess the power of striking off from their list the names of any of their licentiates who may have been guilty of infamous conduct. The communication

stated,—"The Society entirely concur in the opinion expressed by the Branch Council on the subject. Unfortunately the Society do not possess the power in question, and can only obtain it by legislative enactment. The Society would willingly avail themselves of any opportunity which presented itself for acquiring such a power, and would be grateful for any assistance which the Branch Council, or the General Medical Council could render them, with a view to its attainment."

On the motion of Mr. HAWKINS, seconded by Mr. COOPER, it was resolved—"That the resolution of the English Branch Council, and the communication from the Society of Apothecaries be entered on the Minutes."

Mr. HAWKINS then moved the following resolution:—"That, in the opinion of this Council, it is desirable that all medical corporations should possess the power, legally exercised by some of them, of striking off from their lists the name of any person, registered under the Medical Act, under any of the qualifications conferred by those bodies, who shall have been convicted in England and Ireland of any felony or misdemeanour, or in Scotland of any crime or offence, or shall, after due inquiry, be judged by any one of those bodies, or by the General Medical Council, to have been guilty of infamous conduct in any professional respect; and that a clause to this effect should be introduced into any amending Medical Act."

Mr. COOPER seconded the motion.

A short discussion took place as to whether it was desirable to include the universities in the motion, but as it was stated that the universities already possess the power in question, it was agreed that no mention should be made of them; and the motion passed as proposed.

Dr. THOMSON laid upon the table a printed statement of teachers of anatomy in different parts of the country in regard to the minimum time to be devoted to the study of anatomy; which was referred to the committee on professional education.

A copy of the Swedish Pharmacopœia was presented to the Council by direction of the Swedish Government.

Communications from the Rector of the University of Munich; from Colonel Henderson, relative to offensive advertisements; and from the Bishop of New Zealand, were referred to the Executive Committee.

A letter was received from Dr. Edwards Crisp, and a memorial was read from Dr. James Clarke, relative to the legal responsibilities of medical practitioners.

On the motion of Dr. A. SMITH, seconded by Dr. STORRAR, it was resolved "that the powers and duties heretofore delegated to the Executive Committee, except those delegated by sections 8, 9, and 10 of chapter vi. of the Standing Orders, shall be vested in the committee until the next meeting of the General Medical Council."

The thanks of the Council were voted to the treasurers, Dr. Sharpey and Dr. Quain; to the College of Physicians, for their accommodation during the session; to Dr. Andrew Wood, as chairman of the Business Committee; and to Dr. Paget, as president.

The Session then terminated.

REQUISITION FOR A MEETING
TO CONSIDER
OUT-PATIENT ADMINISTRATIVE REFORM.

WE, the undersigned, being of opinion that it is desirable to hold a conference on the subject of the present state of Out-patient administration, hereby invite attendance at a meeting of the staffs of the Metropolitan Hospitals and Dispensaries, to be held at the Rooms of the Royal Medical and Chirurgical Society, Berners-street, on Thursday, the 24th inst., at eight o'clock P.M.:—

GEORGE BURROWS.	J. BURDON SANDERSON.
PROTHEROE SMITH.	R. BRUDENELL CARTER.
WILLIAM BOWMAN.	HENRY POWER.
T. SPENCER WELLS.	ALFRED MEADOWS.
GEORGE CRITCHETT.	GUSTAVUS C. P. MURRAY.
WILLIAM ADAMS.	FRANCIS E. ANSTIE.
J. HARRISON STALLARD.	THOMAS BUZZARD.
HOLMES COOTE.	

Sir William Fergusson, Bart., will take the chair.

NAVAL MEDICAL PROMOTION & RETIREMENT.

THE scheme of promotion and retirement for the officers of the Navy, which the First Lord of the Admiralty briefly sketched out in his able exposition of the Navy Estimates on the 28th ult., has an interest for the medical branch of the service no less than for every other. The scheme has been generally well received, and we think that, on the whole, our professional brethren have no reason to complain of the part allotted to them. Any fair scale of retirement will be hailed with gladness, not only by those most immediately affected, but by all whom the consequent thinning of the lists will relieve from compulsory inactivity. Nothing can be fairer than to set free to engage in private practice a medical officer for whom no employment has been found for five years, instead of keeping him on half-pay, unwilling to engage in active duties for fear of being suddenly called away to sea. And as this rule of compulsory retirement after five years' inactivity will apply to all grades of the medical branch, a constant movement must necessarily be kept up in all ranks, which will contrast favourably with the present state of stagnation. In addition to the above-mentioned rule, compulsory retirement will take place at the following ages: in the case of inspectors and deputy-inspectors of hospitals at 65; staff-surgeons at 60; surgeons at 55; and assistant-surgeons at 45—this last being an entirely novel regulation. Inspectors, deputy-inspectors, staff-surgeons, and surgeons will, however, have the option of retiring five years earlier than the respective ages we have mentioned, and this will in many cases no doubt prove a boon.

Subjoined is the scale of retired pay for the medical officers of the navy, it being provided that the following shall be the maximum rates of the ranks specified—staff-surgeon, £400 per annum; surgeon, £300; and assistant-surgeon, £200. But every officer may, if he prefer it, retire upon the half-pay of his rank.

"An addition to be made as specified for each full year of additional sea service or its equivalent, but the same not to exceed five years, and a deduction to be made for each full year wanting to complete the periods specified, but the same not to exceed ten years.

AGE.	Retired Pay.	Sea or Harbour Service, or its equivalent in Half-pay Time.	Addition or Deduction.
	£	Years.	£
60	450	30	10
59	440	29	10
58	430	29	10
57	420	28	10
56	410	28	10
55	400	27	10
54	390	27	10
53	380	26	10
52	370	26	10
51	360	25	10
50	350	25	10
49	335	24	10
48	320	24	10
47	305	23	10
46	290	23	10
45	275	22	10
44	260	22	10
43	245	21	10
42	230	21	10
41	215	20	10
40	200	20	10"

By these means it is proposed to reduce the active list of medical officers to 476—viz., 4 inspectors, 12 deputy-inspectors, 210 staff-surgeons and surgeons, and 250 assistant-

surgeons. At the beginning of the present year there were 7 inspectors, 13 deputy-inspectors, 98 staff-surgeons, and 168 surgeons (together making 266), but only 235 asst.-surgeons. It is proposed to commence the new system in April.

The following are the new scales for full and half pay for medical officers, and we have placed alongside them the present rates so far as they are comparable, a little difficulty arising from the fact that service is not always reckoned in the same manner in the two scales. It will be observed that there is for the most part a gain to the members of the service in all ranks; for though in some cases the actual pay may appear to be lower, the increased rapidity with which the next step is gained more than compensates; whilst the system of adding per year a shilling to the daily pay will in many cases enable an officer to enjoy the maximum pay of his rank long before he could have done so under the former system. This will, no doubt, tend to increase the popularity of the service.

FULL-PAY SCALE.

		New.	Present.	
Inspector-General of Hospitals and Fleets	on promotion or under 25 years' service	£2 5 0	£2 5 0	
	" above 25 "	2 6 0	2 6 0	
	and for each additional year of service, 1s. a day more until the maximum is reached—namely ...	2 10 0	2 10 0	above 30 yrs.
Deputy Inspector-General of Hospitals and Fleets ...	on promotion or under 22 years' service	1 11 0	1 10 0	
	" above 22 "	1 12 0	1 12 0	
	... ...		1 15 0	above 26 yrs.
	and for each additional year of service, 1s. a day more until the maximum is reached—namely ...	1 18 0	1 17 0	above 30 yrs.
Staff Surgeon	on promotion or under 20 years' service	1 3 0	1 4 0	
	" above 20 "	1 4 0	1 7 0	above 22 yrs.
	and for each additional year of service, 1s. a day more until the maximum in reached—namely ...	1 10 0	1 9 0	
Surgeon	on promotion or under 14 years' service	0 18 0	0 17 6	
	" above 17 "	1 0 0	1 0 0	
	and for each additional year of service, 1s. a day more until the maximum is reached—namely ...	1 2 0	1 2 0	above 18 yrs.
Assistant-Surgeon	under 5 years' service	0 11 0	0 10 0	
	" 8 "	0 12 6	0 12 6	
	" 11 "	0 14 0	0 15 0	above 10 yrs.
	" 14 provided he passed his examination for	0 15 6		
	above 14 Surgeon while under 10 years' service...	0 17 0	0 17 6	

HALF-PAY SCALE.

		New.	Present.	
Assistant-Surgeon	under 5 years' service	£0 6 0	£0 6 0	
	" 8 "	0 8 0	0 8 0	
	" 11 "	0 10 0	0 10 0	above 10 yrs.
	above 11 " , provided he passed his examination for Surgeon while under 10 years' service	0 11 0	0 10 0	
Surgeon	on promotion or under 14 years' service	0 11 0	0 11 0	
	" " 17 "	0 13 0	0 13 6	above 15 yrs.
	" above 17 "	0 14 0		
Staff Surgeon	on promotion or under 20 years' service	0 16 0		
	" above 20 "	0 16 6	0 16 6	
	and for each additional year of service, 6d. a day more until the maximum is reached—namely ...	0 18 6	0 18 6	above 25 yrs.
Deputy Inspector-General of Hospitals and Fleets ...	on promotion or under 22 years' service	1 1 0	1 1 0	
	" above 22 "	1 2 0	1 2 6	above 25 yrs.
	and for each additional year of service, 1s. a day more until the maximum is reached—namely ...	1 7 0	1 5 6	above 30 yrs.
Inspector-General of Hospitals and Fleets	on promotion or under 25 years' service	1 11 0	1 10 0	
	" above 25 "	1 12 0	1 13 6	
	and for each additional year of service, 1s. a day more until the maximum is reached—namely ...	1 18 0	1 17 6	after 30 yrs.

TREATMENT OF PHTHISIS BY IODIDE OF POTASSIUM.

To the Editor of THE LANCET.

SIR,—I can confirm Dr. Julius Pollock's experience of the good effects of iodide of potassium in the treatment of some forms of phthisis. Some few years back, in the course of an inquiry into the action of certain drugs in promoting the assimilation of fatty food in consumption, I used iodide of potassium extensively, in doses of eight to fifteen grains. The results were similar to those indicated by Dr. Pollock. Many patients gained weight and strength, and improved as regards the physical signs. Some, who had previously taken cod-liver oil without any such effect, gained weight when the iodide was taken in addition to the oil. Others increased in weight under the use of the iodide without oil. The cases which improved most were examples of chronic phthisis. Patients in whom the signs of hereditary syphilis were present also received especial benefit from the treatment.

In my opinion, the iodide of potassium acts in chronic phthisis by increasing the secretion of pancreatic juice, and in this way promoting the assimilation of fat. In favour of this view we have the authority of Claude Bernard, who has shown experimentally that iodide of potassium is freely eliminated by the pancreas. Not long after my experiments with the iodide I discovered that ether had a still greater power of increasing the activity of the pancreas, and I find ether, either in mixture or as etherised cod-liver oil, so valuable in the treatment of phthisis that I now only prescribe the iodide when ether is not borne, or for patients presenting the evidences of hereditary disease.

I am, Sir, your obedient servant,

Birmingham, Feb. 21st, 1870. BALTHAZAR W. FOSTER.

THE LANCET.

LONDON: SATURDAY, MARCH 12, 1870.

THERE is something very bold in the answer which the Medical Council has made to the Lord President of the Privy Council on the subject mooted in Mr. SIMON'S letter. We have looked again at the first of Dr. PARKES'S resolutions, believing that we could scarcely be right in the construction we have put upon it; but it is even so. We are right. The Government, informed of the scandal of rival examining boards and low examinations, asks the Council to consider a plan for the formation of an examining authority that shall supersede the many examining boards that now compete with each other. The "many examining boards," in Council assembled, with a self-confidence that is positively audacious, says: "Oh, yes; we will join together to form such a board, and, at the same time, we shall remain in all our present individuality. 'The rights and privileges of the universities and corporations' shall remain precisely as at present, with this exception, that the holders of all the degrees and diplomas emanating from the bodies named in Schedule A of the Medical Act shall pass the conjoint board, as well as our single boards, before being entitled to registration and before gaining any title." Let it be remembered, that the grievance to be remedied is that half diplomas and imperfect titles are granted by the licensing bodies. These are all to remain, according to the plan of the Council, in their present imperfectness. The passer of the conjoint examination is to be nothing, to have no title, no legal right, not even the right of registration. The examination is to be in all the subjects, and it is to be more searching than existing examinations. But nothing is to be gained by passing it. The examination will include surgery, and the tests will exceed in severity any used by the College of Surgeons; but the successful candidate will not be a surgeon till he gets the diploma of the College. It will include medicine and midwifery; and the tests will be such as the Edinburgh College of Physicians, doubtless, will think absurd to apply to entrants into the profession. But Dr. PARKES, and the Council with him, have stipulated that "the privileges of the corporations" are to be conserved; so no licence to practise medicine will be conferred till the candidate has come to terms—the chief of which will, doubtless, be pecuniary—with a College of Physicians or the Worshipful Company of Apothecaries. We say there is something very bold in the fact that the Medical Council, led, alas! by Dr. PARKES, of all men in the world, should have gravely made such an answer to a Government that had, in its overtures, given such clear indication that it understood the system of examination by corporations. Mr. SYME, in a letter which we publish elsewhere, says that the Council has conducted itself so as henceforth to be unfit to represent the profession. It is too mild to say that the Council has badly conducted itself. It has lowered itself. To say the least, it has shown more care for the interest of the corporations than for that of the profession.

It is high time to be outspoken on this subject. The improvement of the education of medical men is a subject of the greatest importance, both to the profession and to society. To the bulk of the people, and to the poor especially, it is a life and death matter that the minimum education should be higher than it is, and that the testing of this should be in other hands than those who evidently think more of the "privileges of corporations" than of the reputation of the profession, or of the lives of her Majesty's subjects. Does anybody doubt that we could improve upon existing examinations; and that any improvement in these would involve a higher status of the profession, great saving of life, and diminution of human suffering, as Dr. PAGET very forcibly put it in his speech? The rich are comparatively independent of the fate and issue of this agitation. They can command with money the services of men of established skill and reputation. But the State undertakes to indicate for the bulk of the nation properly educated medical men. And it should take every pains to put its mark upon no imperfectly educated man. It should do for the public what it does for its soldiers and sailors—have an examining board, other than those of the corporations, which all shall pass before receiving its *testamur*.

The profession will wait anxiously to see if the Lord President and his able medical adviser will submit to be led in this matter by the Medical Council. The profession has little to thank the corporations for. They have been close bodies, that have looked down coldly, if not contemptuously, on the general practitioners of the country. They have been very ready to receive fees, and very slow to grant any honours or advantages. From the day on which the candidate has received his diploma to his dying day, he has generally had no communication with or from his College, and no association with its Fellows or Members. That they may in the future do great good is quite possible, but it will not be by examining candidates for the profession. Medicine has a great future before it, if it can be raised. This can only be done by guarding the entrance into the profession. We have little else to rely on in our future warfare with quackery than forcing on the public a comparison between it and scientific medicine. The "privileges" of corporations may be to receive fees for nominal or for no duties. The only "privilege" that the profession of medicine can rely on in the future is that which arises from being informed and useful and educated; and great will be the blame somewhere if the present occasion is not taken advantage of to secure this. Nothing hinders but the corporations. Corporations are, of course, powerful things. They are not so powerful as they used to be; but they are still more powerful than they should be if they can convince the Government that Dr. PARKES'S motion is a sufficient remedy for the obvious evils of our present examination system, or that it is just to retain all the incomplete and half diplomas at present in existence by taxing students who have to pass an examination stricter and more extensive than that which is necessary in order to receive their imperfect diplomas. The Government may rely upon the public opinion of the profession and upon Parliament for support in doing what

is necessary. The ten thousand memorialists who have signed the petition of the Medical Reform Union will support them. The sick of succeeding generations will thank them. It is important in their interest that medicine be made as effective as it can be made. It is essential that the medical profession should be raised yet higher in the estimation of mankind by the general cultivation and the special skill of its members. It is of great moment, therefore, that Her Majesty's Government take advantage of the present opportunity of doing away with licensing by corporations.

It is no answer to these views that the candidate who has passed the conjoint examining board will not be again examined, but will receive his different diplomas from the various bodies at present existing. Our twofold objection remains. First, that the conjoint board is still made up of corporate elements, and is to be elected by the corporations. We know what principles guide corporations in the selection of examiners. Secondly, the maintenance of a conjoint board means the maintenance of all the corporations out of the fees charged for a diploma. This is a most unjust and absurd way of maintaining corporations which have been relieved of their duties. It is a tax upon the profession which cannot be defended, and which will become increasingly hard and injurious as medical education becomes increasingly prolonged and expensive.

AT last we have got something like a definite starting-point for the legislative prevention of the pollution of rivers. The Commissioners, Sir WILLIAM DENISON, Dr. E. FRANKLAND, and Dr. J. CHALMERS MORTON, have issued their first volume on the Mersey and Ribble basins; and, while perfectly alive to the "ab uno disce omnes" fallacy, they have arrived at a series of conclusions which form the groundwork of recommendations for the protection of all other rivers throughout the country. Thanks to the increase of population and the concurrent multiplication of factories, there is hardly a district of any industrial importance which has not its running waters polluted, first by an excess of sewage, and secondly by an excess of waste nuisance and drainage from the works. The Mersey, for example, in passing through the towns, receives a volume of sewage equal to twenty gallons daily per head of the population; and this in addition to the protean forms of factory refuse it has already received. For this state of things every member of the community is to blame; but each is only too apt to accuse his neighbour. The riparian landowner, whose property has increased in value from the towns and mills upon the river-side, complains loudly of the unsightly figures they present, and of the foul refuse they throw into the water. The manufacturer, who requires a clear current for his uses, denounces the townspeople for making it the carrier of effete animal products; while the townspeople plead in turn that they are only following the example so assiduously set by the manufacturers.

As a remedy for this discreditable state of things, the Commissioners demonstrate the absolute efficacy of "mere enactment, if efficiently administered"; and in support of their position urge the following considerations. As to the towns, their contribution of foulness has simply to be deflected from the river to the land, not only to lessen the pollution of the former, but even to derive a pecuniary profit from the undertaking. The manufacturers also have in many cases found their special contributions to the rivers capable of being turned with advantage to the fields: the spent liquors from tan-yards, and even wool-washings, can be completely converted to agricultural use. But in all cases, whether of animal or of inorganic refuse, the water may be rendered fit for all but domestic purposes by a properly conducted system of intermittent filtration, supplementing a previously applied chemical process. It is well that sanitary authorities should know, and, on occasion, be prepared to adopt, this step; but the Commissioners repeat that, wherever practicable, the disposal of polluting matter by irrigation through the fields ought to be the method applied. It is more than probable that the sewage of one hundred people—amounting, with a water-supply of twenty gallons per head daily, to about 3500 tons a year—would, if properly distributed, suffice for the manuring of several acres; and it would thus (add the Commissioners) "be possible to distribute the cost of pumping, wherever it has to be incurred, over a wider area of land." One important fact in connexion with this recommendation is the absolute exemption from injury to health enjoyed by the neighbourhood over which the sewage is so distributed. "No locality," say the Commissioners, "can be named in which typhus, enteric fever, dysentery, or other zymotic disease generally traceable to foul effluvia, has followed the method of irrigation by town sewage." This observation confirms the opinion expressed by Dr. CHRISTISON at the Social Science meeting at Edinburgh in October, 1863, when that eminent physician demonstrated that the Craigentinny meadows, saturated as they were with animal foulness, had not caused, or even indirectly occasioned, a single death.

The Commissioners proceed to enumerate the polluting ingredients which shall be deemed inadmissible into any stream; and classify, under nine heads, the various chemical substances, simple or compound, which they propose to interdict. Into the examination of these we shall, for the present, forbear to enter; except to remark that the list seems to exclude from a stream every possible source of pollution. Whatever authority may be constituted for the protection of rivers should not only be required (the Commissioners suggest) to enforce observance of the standards they erect; but also be empowered to stay proceedings when satisfied that the offender has honestly tried to abate the nuisance. This, as a provisional enactment, may be tolerated; but it should not extend a day beyond the time when the removal of the grievance in question is within its producer's power. As to the constitution of the River Conservancy Board, Major-General Sir WILLIAM DENISON differs from his colleagues Drs. FRANKLAND and CHALMERS MORTON; though, happily, without that acerbity which ultimately caused the rupture of the two previous Commissioners. They append to their present volume two "separate conclusions and recommendations"—to decide between the competing merits of which is beyond our present purpose. We are far from having exhausted the main

features, still less the incidental ones, of this first instalment of a great national, hygienic, and economical undertaking. But we shall take an early opportunity of reverting to the subject.

WE suppose that if any of our readers were asked what would be the effect of suddenly applying a ligature to the principal vein of a limb, or in any other way arresting the return of the blood through it, the immediate answer would be, that congestion would occur, which would relieve itself by serous exudation through the coats of the vessels; or, in other words, that œdema of the whole limb below the point at which the circulation was arrested would take place. If, however, it were further urged that cases daily come under observation in which particular veins have become obliterated by the pressure of tumours or what not, and yet that such obliteration is not followed by any œdema or dropsical accumulation, the stereotyped reply would be, that in such cases the retardation of the blood current had occurred so slowly that sufficient time had elapsed to enable the collateral channels to become dilated, and to convey by a thousand smaller vessels the blood which was previously transmitted by one. At a recent *séance* of the Académie des Sciences, however, M. RANVIER adduced certain experiments which, if they do not absolutely disprove the ordinarily received views, at least are strongly suggestive of the suspicion with which we should regard all traditional dogmas, however high the authority by which they are supported.

The views above mentioned seem to date from the experiments made by our countryman, RICHARD LOWER, who, in his "Essay on the Heart and on the Colour and Movement of the Blood," first showed that tying the vena cava was followed by ascites, and ligature of the jugular veins by œdema of the head, with copious flow of saliva and tears, resembling, as he says, the salivation produced by mercury, terminating in two days in suffocation. Although apparently conclusive, these experiments were not universally accepted, and even so recent an observer as HODGSON states that he had seen several instances in which the femoral vein was obliterated, and one in which it was included in a ligature, without any unfavourable consequence. In 1823, M. BOUILLAUD, in an important *mémoir* that was published in the *Archives Général de Médecine*, again took up the views of LOWER, and corroborated them by the details of cases in which, when œdema affected a certain portion of the body, he found the corresponding vein obliterated either by a tumour or by a clot which had formed after delivery. From the period when this memoir appeared the general impression has been that the obliteration of the principal vein of a part sufficiently accounts for œdema into its tissue. M. RANVIER, however, appears to have been dissatisfied with the accepted views on the subject, and proceeded to repeat the second experiment of LOWER. He tied the two jugular veins at the inferior part of the neck in a dog and in a rabbit. To his surprise, however, these animals presented no discharge of tears, no salivation, nor any œdema of the head. In other experiments he ligatured the femoral vein immediately below the crural ring in the dog; but here again no œdema occurred either on the day of operation or at any subsequent period. These results, consequently, were in accordance with those observed by HODGSON in man. Lastly, he applied the ligature to the inferior vena cava, but still no œdema occurred. He then conceived the idea of favouring the production of dropsy by paralysing the vaso-motor nerves, and, recalling the experiments and observations of M. CLAUDE BERNARD, he divided the sciatic nerve on one side in a dog, whose vena cava inferior had previously been tied. On this side a considerable degree of œdema immediately supervened, whilst the opposite hind limb remained in its ordinary condition. This remarkable experiment was performed three times, and on each occasion with the same results. From these experiments M. RANVIER believes that he is justified in concluding that mere ligature of the veins does not, in the dog at least, produce œdema; but that after obliteration of the veins, dropsy may be caused by section of the vaso-motor nerves. The same probably holds good in the case of man, and it is easy to comprehend how important are the practical results that may follow the application of this view.

THE attempt made by Mr. DALRYMPLE to obtain from the House of Commons a resolution to the effect that it is desirable to legislate for the proper reception, detention, and management of habitual drunkards, is one that will entirely command the sympathies of the medical profession. It was met, of course, by the ordinary ministerial statement that the subject was "difficult"; just as if it were not the proper function and very purpose of a government to cope with difficulties and to overcome them. The question is one, we trust, in which an increasing public interest will be excited. At present a knowledge of the amount and nature of the evils produced by habitual drunkenness is limited to a few, or to certain classes of persons. The sinners, or sufferers, whichever they should be considered, slink away from the light of the sun and from the cognisance of good society. They usually alternate between periods of frantic debauch and periods of maudlin penitence, and the former are passed in seclusion more or less complete, or else in some miserable brothel or gin-shop. There can be no doubt that the habitual drunkard is as dangerous an animal to society as the lunatic—that he is quite as likely to inflict bodily injury upon those around him, and quite as likely to squander his property and bring his family to destitution. Looking at the nature of his acts, and at the results springing from them, it is impossible to deny that the public has a right to hinder him from doing mischief. Mr. BRUCE told the House of Commons that the Government measures about beer-shops and about education would greatly tend to diminish the evil complained of. We venture to doubt whether this is so. The habitual drunkard is frequently a man of education, and is seldom dependent upon the beer-shop for his means of indulgence. If Mr. BRUCE would like to make himself acquainted with the class of cases for which legislation is required, and if he would learn facts which would stimulate him to take the field against imaginary difficulties, he should inquire into the histories of the various officers who during the last twenty years have been compelled to leave the naval or military service of the Crown on account of habits of intemperance. It is probable

that the authorities of either the Horse Guards or the Admiralty, and it is certain that any old soldier or sailor, could furnish him with instances in which this madness, or this vice, has sprung from causes which neither education nor improved beer-shops will remove, and which no minister should be content passively to deplore.

Mr. DALRYMPLE has expressed his intention to bring in a Bill upon the subject. Whenever he does so, he will be met by the objection that habitual drunkenness cannot be defined, and that a power to restrain drunkards might be abused for evil ends. We think this objection might be met by making drunkenness, in the first place, and then habitual drunkenness, offences of which the criminal law should take prompt cognisance. At present, intoxication is regarded by the administrators of the law as a venial error; and is punished, if at all, by the infliction of a trifling fine. Now, if it were enacted that any second summary conviction for drunkenness before a magistrate should be followed by a short term of imprisonment with hard labour, and if the police were instructed to prosecute offenders, a great step would at once be gained. The fact of drunkenness would be branded as criminal and disgraceful, in a way that has never yet been done; and the punishment would have a powerfully deterrent effect upon many. It would then be perfectly possible to provide that, after a certain number of summary convictions, the offender should be tried before a jury for habitual drunkenness; and sentenced, if found guilty, to a period of detention in a special reformatory. Such proceedings would afford complete protection against improper imprisonment; and we believe that public opinion is, or will soon become, fully ripe for them. Of course it would be impossible to make sure that the drunkard, when released, would not return to drink; but this is no argument. We do not reform all our thieves; but we are not on that account deterred from imprisoning them. We have known more than one instance of the excellent effect of sentences of imprisonment, upon men of respectable position, for assaults committed during drunkenness; and we believe that the legislation we suggest would not only meet the merits and difficulties of the case, but that it would be found to work smoothly and well in practice. A special reformatory for drunkards would, moreover, afford opportunities for studying their natural history, and for learning to discriminate, better than we can do at present, between intoxication as a vicious habit, and intoxication due to disease.

There is here, if they would but see it, a fine field for our unpractical friends the teetotalers. We have more than once urged upon them that they should come over *en masse* into the ranks of the sanitary reformers, and should first strive to obtain unpolluted water for those from whom they would withdraw alcoholic drinks. They should then stop the present horrible adulteration of beer. They should next seek to make drunkenness really penal. All these ends might be attained by a tithe of the money and labour now expended in lecturing and preaching; but we suspect the objection to them really is, that, if they were attained, the occupation of the lecturers and the preachers would be gone.

THE result of the interview between the Memorialists, who now constitute the Medical Reform Union, and the Home Secretary, on Thursday, is altogether satisfactory. A report of the proceedings will be seen in another column. We know not which to praise most—the clear statement of Mr. GAMGEE and Dr. BELL FLETCHER, endorsed by Sir JOHN GRAY, who generously intimated his willingness to withdraw his Bill in favour of any satisfactory measure brought forward by the Government, or the equally clear statement of Mr. BRUCE, who indicated that the Government felt deeply the evils incident to the present system of examination by numerous and rival corporations, and were "ambitious" of dealing satisfactorily with the whole question of medical reform. We have always credited the present Government with earnestness in this matter, and the Home Secretary's words and tone on Thursday show that we were barely just.

No details were entered into on either side. But nothing could be more explicit than the exposure of the system of maintaining corporations out of the fees paid by candidates entering the profession, by both Mr. GAMGEE and Sir JOHN GRAY. Mr. BRUCE, on the other hand, showed how deeply we were all interested in the efficient education of medical men, and said that the evils of the present system were "obvious."

It only remains now for the profession to hold meetings in all parts of the country to support the Government, and identify themselves with the memorialists. If this is done promptly and earnestly in the next few weeks, we shall not much longer have to complain of a Medical Council that has no sympathy with the profession, and does not represent it, or of examining boards that pass men that discredit the profession. But no time must be lost. The subject is already under the consideration of the Government. The corporations are organised by law, and strong, and abundantly supplied by a taxed profession with funds; and they have the ear of Government. They will try to retain all the power they can. It is of great moment that the profession assert itself. Already the signatures to the memorial comprise half the profession. Let the other half intimate its adherence, and a new era of influence and culture will be inaugurated. We have everything to gain by better medical education and better means being taken to test it. Such means may keep a few men out of the profession, but it will in every way increase the greatness of those who enter, whether they practise in London or in the remotest hamlet of the land.

Medical Annotations.

"Ne quid nimis."

ARMY MEDICAL DEPARTMENT.

WE understand that the appearance of a new Warrant may shortly be expected, embodying the proposed changes in the organisation of the department. Regimental medical officers, as we have already suggested would be the case, will not be disturbed; but they will be permitted to retain their appointments for five years, at the end of which time the Army Medical Department will constitute a separate

corps. The titles at present in use will, we are informed, be modified. The rank of assistant-surgeon will be abolished altogether, and the officers of the inspectorial grades will be henceforth designated as surgeon-general or deputy surgeon-general, according as they now rank with an inspector-general or deputy inspector-general. The names of the ranks will then all spring from one root, and will be those of surgeon, surgeon-major, deputy surgeon-general, surgeon general, and director-general. The adoption of these titles will necessarily distinguish the professional character of the officer; and it will no longer be possible to confound a medical inspector with an inspector of cavalry, clothing, warlike stores, or, it may be, of nuisances. This seems to us as it should be; and we are likewise glad to find that some one has at last had the courage to believe that discipline might survive the death and burial of the title of assistant-surgeon, which is consigned to that limbo to which surgeon's mate retired after the Peninsular war. Grey-headed assistant-surgeons, like the grey-headed midshipmen and lieutenants of olden times, will form as much a relic of the past as the dodo, with nothing but the remains of an old cocked hat at a marine storedealer's to mark their epoch.

There is one thing, however, that we regard as important, and we should be extremely glad to see someone making an effort towards its accomplishment. It is an improved system of retirement. The seniors who are in the enjoyment of relatively good pay and position will not budge; and those who have grown old without the good pay cannot afford to retire. Then there is the question of commutation in lieu of retiring allowance. Why should not an officer on retiring be permitted to receive the capitalised value of his pension? Any actuary could determine and fix its amount. Let us say that the capitalised value of £365 per annum, at the age of forty-five, would be £5561. The advantages would be that, on the one hand, a man would have the prospect of leaving something for his family, and, on the other, a temptation would be held out to another to retire and colonise, or embark in something requiring the command of a little capital. Of course it will be said that there are some men who have benefited so little by experience that, like children, they would want their pudding after they had eaten it; in other words, they would spend their capital and starve in their old age. But that is no reason why the remainder should suffer. There are, and must continue to be under existing circumstances, men who will remain rooted to the service. Regarding these, the younger officers think that Chronos nowadays does not devour his older children, but leaves them to act as Mr. Bright's omnibuses, blocking up the Temple-bar of promotion. Many surgeons with families would consent to "draw aside" and let the stream pass on if only a commutation were offered them. We commend this hint to Mr. Cardwell. He might, we think, devise some plan which should popularise him with the service without in the least endangering his friendly footing with his colleague of the Exchequer.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting on Tuesday evening the paper read was by Dr. Robert Lee, and was upon the causes of hysteria. His object was to trace the disease to ovarian irritation, and to point out a definite anatomical channel through which this irritation would be propagated to the nervous centres. The paper, and the discussion which followed, exhibited in a marked manner some of the natural tendencies of specialism. We thought it had been shown many years ago, and was now universally admitted, that hysteria is a disease depending essentially upon abnormal conditions of emotion, and that it may be associated with, and may serve to bring into prominence, almost any or every possible substratum of physical ailment. We can readily understand that some uterine derangement is present in a very large majority of the cases of hysteria that present themselves to uterine specialists; and we should expect that, by a kind of natural selection, other specialists would likewise see hysteria associated with the particular maladies for which they are most frequently consulted. But we were not prepared to hear hysteria, at this period of the world's history, referred to the uterus, or the ovaries, or to any other separate structure. We recognise in hysteria a mental or moral condition, which is sometimes independent of eccentric organic change, which may alone be sufficient to produce convulsive attacks of a peculiar kind, and which is often contemporaneous with, and then is also directed towards, some functional or organic malady of a single organ. In this way only can its protean forms be explained, or the fact that it presents itself under such different aspects to the general practitioner and to the specialist. The latter may often draw a conclusion from his own experience that may be true, in a limited sense, of that experience alone, but that is at once corrected by the different experience of others. The discussion was well adapted to illustrate our recent observations about the uses of sections in the projected Royal Society of Medicine. Dr. Lee's paper was one adapted only for a general section—for a section of medicine in its wide sense, embracing surgery and obstetrics. Read before an assemblage of pure surgeons, it would have been passed over as scarcely worthy of serious discussion. Read before an assemblage of obstetricians, it would probably have called forth a chorus of assent. A mixed audience, and a mixed audience only, would at once do justice to its merits, and avoid being betrayed into its mistakes.

LUNATICS AND RIB-BREAKING.

WE chronicle with sincere pleasure the conviction of Wood and Hodgson, late attendants at the Lancaster County Lunatic Asylum, for the manslaughter of William Wilson by rib-breaking. The case was one of the ordinary kind, and the principal evidence against the prisoners was that of a lunatic. This evidence was accepted by the jury, who saw the man's demeanour and heard his cross-examination; and the judge expressed his concurrence with the verdict. The prisoners were defended by counsel, and the jury were two hours in deliberation; so that we may rest satisfied that substantial justice was done. Mr. Justice Willes told the prisoners that, had he not formed an opinion in his own mind that they did not contemplate any such consequences as had resulted from their acts, he should have sentenced them to penal servitude for the remainder of their lives, but that he should actually sentence them for a term of seven years. There is one point in the evidence that seems to require explanation. The witness spoke of Wilson as wearing a strong collar or cravat, with a screw-lock at the back, fastened with a key by the attendants, and said that by this collar he was hauled to and fro. It is customary to dress patients who tear up their clothes in a sort of pinafore, with a very strong hem at the top, and fastened behind by a little padlock, so that it cannot be torn or removed without much difficulty. We do not hear that Wilson was troublesome in this way; but we hope such a dress as this was for some reason necessary for him, and that it furnished the sole foundation for the collar story, which would otherwise be almost as ugly a one as that of the fractures. Lord Shaftesbury, in a letter to *The*

Times, calls attention to the conviction of Wood and Hodgson, and also to the recent conviction of other persons for the maltreatment of lunatics in private houses; and goes so far as to express a hope that the just sentences inflicted will insure a more careful and humane treatment of the insane. We hope so too; and, in the event of our hope being fulfilled, we shall recognise in its fulfilment the best possible evidence that the view we have taken of "broken ribs" is the correct one, and that these injuries are usually due to criminal violence, not to natural or accidental causes. But we think Lord Shaftesbury might be better employed than in writing to *The Times*, to exult over the disgrace and punishment of men whose faults are greatly the result of the defects of the system that the Commissioners in Lunacy administer, and that they make no effort to change. The rib-breaking attendant is the natural growth and product of the modern monster asylum.

A BOARD OF TEST EXAMINERS.

ALL students about to pass an examination long to know whether or not they are fit for the ordeal. It is a painful fact that a large proportion of those who present themselves for examination at the principal Boards are rejected. In the case of the London University, the rejections in the Matriculation examination have gone up from 13¼ per cent. in 1838, to 55 per cent. in 1870. A great majority of these rejections—humbling and disagreeable as they are—would never have happened if the candidates could have submitted themselves previously to a similar unofficial and private examination. For the future all candidates will be able to do this. A number of gentlemen, for the most part graduates of English universities, have constituted themselves into a Board for examining candidates for the Civil Service, Army, Preliminary Law and Medical examinations, London and other University matriculations, &c. No doubt these gentlemen have undertaken a somewhat pretentious duty, and experience alone will show whether they are justified in doing so. But if they do their work well they will confer a great service on candidates, not only by testing their actual acquirements, but by stimulating them to work. It is by more and more examination that higher education is to be secured. It is important to distinguish this system from mere grinding. It is simply the application of a test, and the fees asked are such as need preclude no one from ascertaining whether he is likely to pass any given examination. If the system should work well in regard to these general subjects, there is no reason why it should not be extended to medicine and other special sciences.

THE NAVAL MEDICAL SERVICE.

MR. CHILDERS'S scheme for naval pay and retirement, of which we give the details as far as they concern the medical profession at another page, is in the main satisfactory, although in one or two particulars it requires modification. The regular increase of pay at intervals of three years is a great improvement upon the old system, under which at least four years were passed before any increase of pay was obtained. So also the new arrangement by which officers will be able to reckon a certain proportion of time passed in a junior rank, when estimating their service in the senior rank for full or half pay, will be a great boon, and do much to remove the hardships in many cases due to want of employment. We could have wished that it had been possible to have raised the full- and half-pay of the inspectorial ranks so as to make the maximum full-pay of an inspector of hospitals £3 per diem, with £2 for half-pay, and a deputy inspector's maximum full-pay £2, with £1 10*s.* for half-pay; but we believe the authorities of the Treasury stood out firmly against the proposal, not so much on account of the actual cost as from fear of exciting a jealous feeling in the sister service. No scale of retirement pay has, it will be observed, been provided for the inspectorial ranks, it being very properly intended to allow officers of this standing to retire upon the half-pay of their rank. As the number of officers in these grades is for the future to be strictly limited, it is obvious that no great national expenditure will be thus incurred.

A mistake has evidently been committed in classing the officers entitled to a retirement of £450, £400, and £300 per annum respectively; for the staff-surgeon is bracketed in the second class with officers whose half-pay is by no means equal to that of his own rank, while the surgeon is placed with the navigating lieutenant in the third class. A staff-surgeon is surely entitled to rank with the chaplain and naval instructor, if on no other ground, as entering the service a fully educated and qualified professional man; whilst a secretary and a paymaster (the only other fortunate recipients of £450), whatever their merits, received their education in the service, and at no cost to themselves. To class the surgeon with the navigating lieutenant is still more incomprehensible; and the error must, we imagine, have arisen from putting together officers whose *full* pay corresponded, instead of looking to the *half* pay, which is of course the proper basis for a retirement scheme. We trust that the attention of the Admiralty will be called to these anomalies, which mar an otherwise liberal scheme; and that it is not too late for the necessary alteration to be made.

No time is being lost, we understand, by the Admiralty officials, for already every officer has received a circular, together with a copy of the new regulations, and is requested to inform the Admiralty by the 21st of March whether he wishes to accept the new scheme or to adhere to the old regulations as to pay and retirement. In the event of officers failing to intimate their wishes, it will be assumed that they have elected the new scheme.

THE GALWAY COLLEGE.

WE make no apology for again calling attention to this subject. Our readers have had an opportunity of perusing the communications that have been forwarded to this journal. They will remember that Mr. Melville, the son of a Galway professor, and holder of a scholarship in the College, preferred some very distinct charges against the authorities of the medical school. Mr. Melville declared that the means for practical instruction in several branches of the profession were quite inadequate, and he complained that he could obtain no redress from the College authorities, to whom he had appealed. His statements were substantially corroborated by Mr. F. H. O'Donnell. Instead of yielding to the demand for an inquiry, the College authorities rusticated Mr. Melville, and deprived him of his scholarship. Then followed a meeting of students of the University, at which the course taken by Messrs. Melville and O'Donnell was condemned. Mr. J. C. O'Donnell, a brother of Mr. F. H. O'Donnell, seeing a notice of this meeting affixed to the College notice-board, from which it appeared that the conduct of his relative was to be canvassed, wrote to the President to ascertain whether the right was granted to students to discuss freely questions of College discipline, and whether, in the event of any student committing Mr. Melville's breach of discipline by adopting his charges, he was to be rendered liable to Mr. Melville's punishment. This attempt to elicit a specific answer resulted in the rustication of Mr. J. C. O'Donnell, the deprival of his scholarship, and the revocation of a certificate previously given him for the Indian Civil Service. Now, we should like

to know whether the matter is to be allowed to stand where it is. We do not pretend to have any other source of information than that which is afforded by the published documents; but if these fairly represent the case, we can only characterise the course taken by the College authorities as most arbitrary. Their conduct looks as if they were desirous of stifling investigation by dealing out a severe punishment to all malcontents. These two young men have, we may suppose, been wellnigh ruined for asserting what they still declare to be no more than the truth. If the charges were unfounded, they ought to have been refuted before punishment of this kind was inflicted. Students pay for their privileges, and they are clearly entitled to demand that for which they have paid. So far from the President and Council of Queen's College, Galway, elevating their institution by proceedings of this sort, they are doing all they can to lower it in the public estimation. We cordially agree with our contemporary the *Freeman* in thinking that the subject is one demanding an impartial investigation. We said so at the first, and we see no reason to alter our opinion. Some M.P. might surely introduce the subject to the notice of the House; and if Messrs. Melville and O'Donnell be as confident of their facts as they appear to be, they should spare no pains to compel the College authorities to submit the question to disinterested judges.

AN ANTIDOTE TO CHLORAL.

M. LIEBREICH, of Berlin, after having studied and made known the physiological properties of hydrate of chloral, has directed his attention to the obtainment of a remedy which may counteract the baneful effects of the substance. This antidote he asserts to be strychnia. The results of M. Liebreich's novel researches were laid before the French Academy of Sciences a few days ago, by Professor Wurtz, of the Paris Faculty. M. Wurtz stated that the attention of the Berlin experimenter had been drawn to strychnia by the observation of a case of trismus, which, after having persisted eight days, was immediately cured on the employment of chloral. This led him to produce, artificially, the phenomena of tetanus in animals by the administration of strychnia, in order to study the effects of chloral on this artificial condition. He then observed that chloral diminished the effects of strychnia, provided it were exhibited very soon after the administration of the alkaloid.

Another important result was obtained when M. Liebreich, pursuing his researches, discovered the effect of strychnine on animals poisoned by large doses of chloral.

He then made out that strychnia, administered after a too heavy dose of chloral, shortens and destroys the effects of this substance, yet without producing the injurious action which it exhibits in ordinary cases. Therefore, M. Liebreich proposes to employ injections of nitrate of strichnia as an antidote in cases where accidents have occurred through an over-dose of chloral or chloroform.

STREET ACCIDENTS.

A PARLIAMENTARY RETURN just issued conveys some striking and not very satisfactory information concerning the risks attending locomotion in the thoroughfares of the metropolis. The Return shows the number of persons killed or injured by horses or vehicles in the streets during the whole or parts of the last four years, and it is compiled from the records of the metropolitan police. Thus, in the interval between March 1st, 1866, and June 30th, 1869, the police, in their several divisions, had cognisance of no less than 4647 persons maimed or injured in the streets, of whom 343 died from the effects of their injuries; the proportion of cases terminating fatally being 1 in every 13. And, bad as the state of things represented by this Return is, there is no room for doubt that the actual damage resulting from street traffic is considerably greater than the police statistics indicate. For, taking the year 1867 as an example, the police return only 96 deaths, whereas we know by the Registrar-General's Returns for that year that the deaths from horse and carriage accidents amounted to 164; the area for registration purposes being smaller than, and altogether contained within, the police area. We should gather, therefore, that, in addition to the 1284 accidents returned by the police in 1867, at least 800 occurred without their cognisance, making altogether upwards of 2000 lives either placed in jeopardy or sacrificed to what has been aptly called "the dangers of the streets." Nor do the returns show any signs of falling off in point of numbers, for we observe that 764 accidents, of which 62 were fatal, occurred in the first six months of last year. It is deplorable that in the capital city of the British Empire, and in the nineteenth century, there should be such a want of proper regulation for the traffic of the streets as the annual slaughter of a couple of hundred persons and the injuring more or less seriously of a couple of thousand others bear witness to. Reckless or incompetent drivers of vehicles, entrusted with half-broken or vicious horses, and the absence of any sort of provision for crossing the streets except on a level with the stream of traffic, are causes which lead to the results above noted; and it does appear to us that the inhabitants of London have the right to demand of the Home Secretary, on the strength of these statistics, that such measures of intervention and supervision as may help to diminish the risks now run by all who have occasion to move about the streets on foot shall be adopted without delay.

THE NEW ARRANGEMENTS AT ST. BARTHOLOMEW'S HOSPITAL.

WE are informed that some very important changes are about to be made at St. Bartholomew's Hospital. The new ophthalmic wards are advancing rapidly towards completion, and two new appointments will be made—viz., one ophthalmic surgeon of full rank, and one assistant ophthalmic surgeon. These appointments will be open to the whole profession. Dr. Greenhalgh has renewed his application for further assistance, and, in accordance with his recommendation, there will be a new assistant obstetric physician, fully qualified, and one of the senior students will be elected annually to fill the post of junior assistant, or obstetric clerk.

The arrangements for the out-patients will be greatly improved. The out-patient work proper will be done by three instead of four assistant-physicians, each assistant attending twice a week. The fourth assistant will have charge of the casualty department. The House Committee will appoint two additional assistant-physicians to attend the casualty patients. These appointments will be open to the entire profession, and, although not necessarily permanent, they will doubtless form the first step towards promotion to the staff. At the same time we must offer our strongest protest against the insufficient notice and publicity which have been given to the first of these proposed appointments—viz., that of assistant-physician. We have searched the columns of *The Times* and other journals in vain, and it has been purely an accidental circumstance by which the knowledge that an appointment would be made has come to light. It appears that a notice was posted up *within the hospital* on the 24th of February, and that only eight days were allowed for preparing and sending in testimonials,—that after the 4th of March no further

applications could be made. A Committee of Governors has been already held to receive candidates and examine testimonials. A Court of Governors will proceed to the election on the 17th inst.

All this looks as if the whole proceeding were a farce—that the appointment is not really public—and that it is intended to elect some favourite of the House Committee, in a manner which we feel sure any really fitting candidate would be the first to deprecate. It should not be forgotten that the appointment is one of the prizes of the profession; that it is for life; that it confers upon the fortunate possessor a monopoly of teaching which, if properly used, leads to the very highest pinnacle of professional fame. If the appointment is to be really open, it is only fair that due notice should be given in the public journals, and we regard it as simply monstrous that it should be filled up in this hasty and hole-and-corner way.

We have every reason to believe that the advice of the medical staff will be taken on all these appointments; and it is to be hoped that the occasion will be embraced for increasing the efficiency and reputation of the school.

Lastly, we have every reason to believe that some important steps are being taken to improve the accommodation for the nurses. A considerable addition is being made to that part of the building in which they now sleep, and we take the whole to be a satisfactory proof of a desire on the part of the Governors to remedy the very serious defects we felt it our duty to point out. Much yet remains to be done, and we regret still to find that our principal recommendation forms no part of the proposed reform. We hear nothing of a medical superintendent. We believe such an officer to be essential to the good management of so large an hospital and school, and as the House Committee have so clearly appreciated our motives in reporting the shortcomings of the management, we trust they will not rest satisfied until they have made the reform complete.

ALLEGED MANSLAUGHTER BY A SURGEON'S ASSISTANT.

WE have to record a very painful case that has just been made the subject of judicial inquiry at Carnarvon. According to the evidence taken before the magistrates, a woman named Ellen Jones, living at Cwm-y-glo, sent for Mr. G. W. Roberts, of Clwtybont, to attend her in labour. He was unable to go, and sent his apprentice, a young man named Griffith, in his place. Mr. Griffith is but twenty years of age, and had attended ten labours. His instructions were to send for Mr. Roberts, or to return and report to him, if the case presented any difficulty. It is said that, unknown to Mr. Roberts, he had possessed himself of a pair of forceps; and on arriving at the house he commenced applying them, and continued his efforts for a considerable time. It is said that in these efforts he brought away pieces of flesh. The friends of the patient at last insisted upon Mr. Roberts being sent for, and a messenger who was despatched for that purpose met him on his way to the patient. In the meanwhile Mr. Griffith had washed the forceps and put them up. When Mr. Roberts arrived he found a transverse presentation, and delivered by turning. He said the woman was sinking, and shortly afterwards left the house. She died about a quarter of an hour after delivery. A post-mortem examination showed that the uterus was almost entirely separated from the upper part of the vagina, and that a portion of the lower segment of the uterus, and about a foot of large intestine, were altogether torn away. It is alleged that these injuries were inflicted by Mr. Griffith with his forceps. After an adjournment of the case, Mr. Griffith was committed for trial, and Mr. Roberts was also committed as an accessory, on the ground that he had sent as his representative a person not possessed of the necessary knowledge and skill, and that he was responsible for the acts done under such circumstances by his apprentice. Bail was accepted for both of the accused.

We reserve full comment on this case until the trial, and until the defence of Mr. Roberts and Mr. Griffith is fully made known. Mr. Roberts stated to the Bench that he knew nothing about Mr. Griffith's having forceps with him or having used them, and that he did not detect the injuries. He saw the woman was dying, and left when he had delivered her. We cannot imagine that the prosecution will be able to fix upon Mr. Roberts any responsibility for the acts of his apprentice, especially if it can be shown that the young man had definite instructions, and exceeded or departed from them. We must, however, remark that Mr. Roberts received rather hard measure from the magistrates. The chairman, Lord Newborough, condemned him in strong terms for having left midwifery forceps "kicking about his house," so that Mr. Griffith could possess himself of them. The remark illustrates the undesirableness of speaking dictatorially upon imperfect knowledge. It is the usual and necessary habit of country practitioners to leave midwifery forceps in an accessible position, so that they may at any time be given to a messenger by a servant, if the principal has occasion to send for them for his own use. Mr. Roberts's legal adviser took the ground that a man had a right to keep his own property in any part of his house that he pleased; but he might have taken ground which would have absolved his client from even the appearance of carelessness as far as this part of the case was concerned. We are glad to record that Mr. Roberts received from various witnesses a high character for skill and humanity, and that his position has excited very general sympathy and regret in the locality in which he lives.

SMALL-POX AT BRENTFORD.

IT has always appeared to us that some better organisation for the treatment of epidemic diseases, when outbreaks occur in country districts, is eminently required. Nothing can be more unsatisfactory than the present state of things. There is and has been a perpetual warfare going on between boards of guardians and the Poor-law Board. The latter is continually urging upon the former the necessity of erecting special fever wards, and the guardians resist the appeal—first, because they see no necessity for making provision for what may never happen; and, secondly, because there are scores of instances in which the wards specially erected have never been used or have been devoted to other purposes. This want of cordiality leads to innumerable compromises; and when, as at Brentford, an epidemic breaks out, it is generally found that the provision made for it is practically futile. A case of small-pox occurs; there are no means of isolation; consequently, the patient is admitted to the workhouse, where, even if the ward itself is separate, there is necessary personal communication continually going on. Here also there is, if anywhere, a congregation of persons who are badly vaccinated, or not vaccinated at all. The infection spreads. At Brentford there have been in all eighteen cases, and four deaths; and although the Poor-law Board have ordered the guardians to erect a new and isolated building, the latter do not consent, on the ground that some buildings, just finished, have been erected, under the sanction of the Poor-law Board, and that an additional expense has been incurred in order that all communication might be cut off when they were required for infectious cases. We have repeatedly drawn attention to what appears to us to be the more effectual remedy. Let large districts unite to have

small flying hospitals of corrugated iron, with kitchen and nurses' rooms all ready made. These could be set up in any threatened district at a moment's notice, and the cases treated by a complete detachment from the workhouse staff, under the direction of the district medical officer. In this way there would be effected a great saving of expense, and an early and complete isolation of infectious disease.

REFORM IN THE OUT-PATIENT DEPARTMENT OF HOSPITALS.

IT is extremely gratifying to find that the attention of the profession has been fully aroused to the evils of the present state of the out-patient departments of our public hospitals. At a preliminary meeting of assistant physicians and surgeons engaged in this unsatisfactory kind of work, it was resolved to call a conference of the staffs of the metropolitan hospitals and dispensaries to consider the subject. It is also gratifying to observe amongst the names of those who have called the meeting several whose position and past experience make them particularly well qualified to take a leading part in the discussion of a question so interesting to all concerned. Sir William Fergusson will take the chair, and the Medical and Chirurgical Society have lent their room for the occasion. The conference will take place on Thursday, the 24th inst., at 8 P.M. We believe the meeting will not be pledged to support any special views. Its object will be to ventilate the subject, in order to ascertain the feeling as to the improvements which are considered desirable, and to appoint a committee to put them in a practical form.

DISPENSARIES IN BETHNAL-GREEN.

WE very willingly do full justice to the guardians of Bethnal-green. We understand that the proposals which we animadverted upon a few weeks ago were only the provisional suggestions of the Dispensary Committee, and were never formally adopted by the board, or looked upon as final. Nevertheless, the guardians should scarcely complain of the manner in which those proposals were handled, since it has, fortunately, led to their complete abandonment. The whole board has now unanimously agreed that there shall be three dispensaries and six medical districts. The services of the present medical officers will be retained, and their salaries will be £120 a year. There will be a resident dispenser at each dispensary, and the guardians will provide a midwife and the drugs. These arrangements meet with our cordial approval. We hope that due care will be taken to equalise the work as much as possible, and it is certainly to be desired that the medical officers be allowed fees for attendance in difficult cases of midwifery.

"HOSPITAL SUNDAY" IN MANCHESTER.

IT will be readily understood with what great satisfaction we record the fact that in the third largest city of the kingdom "Hospital Sunday" has been inaugurated with a success leaving little to be desired. Manchester and Salford, to all intents and purposes as much one city as London north and south of the Thames is one, has thrown itself with true Lancastrian energy into the van of the movement that, once set on foot, only needs the impetus of a few influential examples to develop itself into the national one which it has been our object to initiate.

The arrangements for starting the plan in Manchester were made so quickly as to take many persons by surprise; nevertheless we learn that the committee, of which the Mayor of Manchester is chairman, were able to fix upon Sunday, the 27th February, as the date for simultaneous collections, they having received promises of co-operation on that day from nearly 200 churches and chapels, while some forty other places of worship signified their intention to make collections at subsequent periods for the general fund.

We have a list before us of the contributing places of worship on this the first of what, we trust, will be a long series of "Hospital Sundays" in Manchester, and the total amount resulting therefrom is £4117 14s. 7d. All sects and denominations of religious profession are represented there, with the happy catholicity that has distinguished the Birmingham "Hospital Sunday" list; and we learn from an obliging correspondent that the distribution of the funds will follow the same excellent model, the whole of the medical charities of the city getting a share. The sums yet to come in from congregations whose offerings will be made subsequently will probably bring the aggregate amount up to nearly £5000; and although, relatively to the population of the two places, Birmingham makes a higher return, yet, considering the short time allowed to elapse between entertaining the idea and putting it into action, we feel that Manchester is to be congratulated unreservedly on the promptitude and liberality which have marked its adhesion to the cause of "Hospital Sunday."

SMALL-POX IN PARIS.

THE epidemic of small-pox, which had caused great mortality in Paris, and given rise to quite a panic among the inhabitants, has now assumed a milder form, and is far less prevalent. Last week the mortality had fallen to 79. Among the means which have been adopted by the Paris authorities for impeding the progress of the disease, may be mentioned a grant of 2000 francs to the Academy of Medicine, for the purpose of being distributed to vaccinated patients; the opening of extraordinary vaccination services in the various Paris hospitals, with animal vaccine; and a distribution of 10,000 francs by the municipality to the various townships, (or *mairies*), towards the expense of keeping a heifer on appointed days, and vaccinating gratuitously such inhabitants of the parish as may apply. There can be no doubt that the simultaneous adoption of these preventive measures will arrest the development of the epidemic, especially as all the public offices, all the ministries, &c., in a word the population *en masse*, have rushed for vaccination at M. Lanoix's, or besieged the doors of the profession in the city.

WILL CASE: GRIMSTONE VERSUS TIMMS.

THE Court of Probate has been occupied for six days on the disputed will case of Grimstone *v.* Timms. The defendant is a member of the medical profession. His evidence went to show that the testator, whose widow he had married, was suffering only from spinal disease; this was to some extent corroborated by Dr. Head. On the part of the plaintiff, Dr. Tuke, who was called as a scientific witness, deposed that the symptoms could only have arisen from some serious disease in the brain. The verdict was for the plaintiff, in accordance with this evidence.

PUBLIC PROSECUTORS.

THE medical profession has much to gain from the enactment of the Bill brought into Parliament by Messrs. Eykyn and Vernon Harcourt for the appointment of public prosecutors. The measure should receive the support, direct or indirect, of all who are interested in the suppression of quackery and the other influences affecting the health or decency of the community.

THE MARQUESS OF AILSA.

WE have much pleasure in announcing that the Marquess of Ailsa is likely to make a good recovery. This is the more gratifying, as the severity of his fall foreboded a different result. He was thrown on his head, in consequence of his horse striking a wall with its knees. But for the strong cap which he wore, the Marquess might have fared much worse. Even as it was, the blow was very severe, and he afterwards suffered greatly from concussion. He lay for some time on the grass, and the day was bitterly cold. On reaction setting in, the left arm and leg were found to be quite paralysed; but he was never wholly unconscious. When seen about half-past nine in the evening, he had surmounted the shock, and felt very comfortable, but complained of acute pain behind his right ear. No bone of the body or limb was broken, while his leg slowly regains energy, and his general condition is of hopeful augury.

DR. STEEVENS'S HOSPITAL.

BY the lamented death of Dr. Charles Phillips Croker a series of changes has taken place in this institution. Dr. Fleming has been elected a governor of the hospital. The post of consulting physician has been conferred on Dr. Burke, who is succeeded as resident physician by Dr. T. W. Grimshaw, a gentleman favourably known in connexion with the Cork-street Fever Hospital, and eight years ago Lecturer on Botany at Dr. Steevens's.

BEARDS IN THE ARMY.

WHY is it that the Horse Guards authorities should invariably thwart the wishes and suggestions of everybody? It cannot be urged that the wearing of beards by soldiers in this climate would be subversive of discipline, or in any military sense objectionable. Still, the Horse Guards resist all attempts to introduce any change, however insignificant, as if it were fraught with the gravest danger. It appears to us worse than a childish kind of opposition to common sense to make the soldier cut off his beard on returning from a tropical clime to this country, during what resembled a Siberian winter. Military men in power are, in regard to small matters, often as prejudiced and unpractical as old maids.

THE HAMPSTEAD FEVER HOSPITAL.

ONE hundred and three patients have been already admitted to the Hampstead hospital for relapsing fever. Of these, fifteen have been discharged cured, and six have died. The deaths arose from complications, and several patients were admitted in a moribund state.

ADULTERATION OF FOOD AMENDMENT ACT.

MR. MUNTZ has introduced a Bill into Parliament in which we may be supposed to take peculiar interest. It purports to "amend the Adulteration of Food and Drink Act of 1860, and to extend its provisions to Drugs." It has the merit of precision and stringency. On mixing or ordering the admixture of any adulteration of food or drink the penalty shall be £50 for the first offence, and imprisonment for six months with hard labour for the second. On selling adulterated food or drink the penalty shall be £20, and on a second conviction the publication of the offender's name in the newspapers. Any purchaser is at liberty to submit to a public analytical expert suspicious commodities to be tested; while official inspection shall be instituted all over the kingdom. We shall watch with attention and interest the progress of the Bill through Parliament, confident that its becoming law will have as beneficial an effect on the community as any sanitary or economic enactment which it has been our privilege to initiate and to promote.

AT a Session of the Council of University College, London, on the 5th inst., Mr. George Grote, president, in the chair, Henry Maudsley, M.D. Lond., Fellow of the College, was appointed Professor of Medical Jurisprudence.

IT is rumoured that the General Commandant of Netley Hospital has tendered his resignation. Although we have always held that the military governorship of any hospital is, on public grounds, an unnecessary institution, there can be only one opinion as to General Wilbraham's character for urbanity and many good qualities.

MR. W. H. MILLER, of Cambridge, has just been elected Corresponding Member of the Paris Academy of Sciences in the section of Mineralogy.

THE subscription which has been raised in Paris with the object of affording assistance to the family of the illustrious Scandinavian naturalist, Sars, has been attended with unexpected success. In the space of a fortnight it has attained the sum of 6500 francs—an amount which is quite unusual in France, even when the object of a subscription is most urgent and meritorious.

THE Todd Memorial Committee announce that a Todd Memorial Exhibition, in connexion with the University of Dublin, and St. Columba's College, will be offered for competition in June, 1871, to be tenable for two years. The exhibition will be awarded for proficiency in Classics, and the candidates will be tested by examiners from the University.

PROFESSOR VON GRAEFE, the illustrious ophthalmologist of Berlin, has, we are glad to learn, entirely recovered his health, and has thus derived the fullest benefit from the sojourn which he had been compelled to take in Italy. He has now returned to Berlin, and resumed his usual occupations, having presided over the last sitting of the Academy of Medicine.

IT has been reported that the cause of Nélaton's visit to Italy is a disease of the heart, which will henceforth prevent him from continuing his surgical practice. We believe that there is no ground for such a report, and that the reason of the great surgeon's journey to the South was a desire for rest and recreation, and particularly the wish to soothe the grief of his only daughter, who has been lately bereaved of her husband.

THE *Yorkshire Post* announces the death, in his 85th year, of Mr. Christopher Jewison, M.R.C.S., of Rothwell, near Leeds, who had held the office of coroner for the Liberty of Pontefract for fifty years.

THE deaths from scarlet fever last week, in London, were seventy-eight, the lowest number recorded in any week since July last.

AT the next general meeting of the Medical Teachers' Association, to be held on the 18th inst., at George-street, Hanover-square, it is intended to consider the proposal of the Council in regard to class examinations, its report on the formation of a combined examining board, and the proposition of the Council in regard to schedules.

MEDICAL REFORM.

DEPUTATION TO THE HOME SECRETARY.

ON Thursday last a deputation from the Medical Reform Union waited upon the Home Secretary, at the Home Office, to present a memorial praying for an Amendment of the Medical Acts, signed by 9724 legally-qualified medical practitioners. Mr. Bruce was attended by Mr. Simon, the Medical Officer of the Privy Council. The following gentlemen composed the deputation:—Dr. Bell Fletcher, Prof. Sampson Gamgee, Mr. Arthur Oakes, Mr. C. Lloyd Owen, Mr. J. Matthews, Mr. E. H. Fennell, Dr. Geo. Harley, J. Figgins, Esq., M.P., Mr. H. Leach, Dr. J. P. Steele, Mr. R. B. Carter, Mr. Christopher Heath, Dr. Wm. Hinds, C.W. Hoskyns, Esq., M.P., Dr. T. D. Colley, Dr. A. G. Medwin, Sir H. Croft, M.P., Dr. W. S. Playfair, Sir John Gray, M.P., Dr. Waters, Dr. F. H. Parsons, Dr. W. H. Cooke, Dr. T. B. Belgrave, Sir Duncan Gibb, Dr. J. H. Stallard, Dr. L. Marsh, Dr. Wakley, Dr. Glover, Dr. Brady, M.P., Dr. Dowse, Dr. J. Paley, Dr. W. B. Smart, C.B., and Dr. B. W. Richardson.

Mr. DIXON, M.P., in introducing the deputation, said that its object was to present a memorial praying for improved education, for stricter examination, and for a representative voice on the Medical Council. The memorial would be presented by Dr. Bell Fletcher, the President of the Union, and it would be enforced by Mr. S. Gamgee, the Vice-president.

The memorial having been presented,

Mr. S. GAMGEE said:—This memorial, Sir, which has been addressed to you, has been signed by 9724 members of the medical profession in the three kingdoms, a clear majority of the men in practice, numerically about half of the qualified practitioners in the United Kingdom. The memorial recites that in the preamble of the Act of 1858, it was affirmed that it was necessary that the public should be able to distinguish qualified from unqualified medical practitioners. It has been found in practice that the Act is inoperative in that respect. Convictions have been obtained against some men who have practised illegally, but many of those convictions have been quashed in the superior courts, and practically it is admitted that the Act has been a dead letter in that respect. It is found that there are a large number of men practising in the country without any qualification whatever. We feel that the public ought to have the opportunity of distinguishing qualified from unqualified men by a clear and intelligible rule. We are also aware, much to our regret, that some qualified men lend their names to men who practise without a qualification, in order to screen them from such legal responsibility, small though it be, as is thrown upon them by the Act. We believe that such conduct on the part of qualified men is wrong, that it is contrary to the spirit of the Act, and that those who pursue it ought to be held responsible for so doing. It is a fact that a large number of people in this country die and are buried without any certificate of death from a qualified man. We think it would tend to the protection of life and the advantage of the public, no less than to the honour and welfare of the medical profession, if it were required that, wherever practicable, a certificate of death from a legally-qualified man should be obtained before interment. The Act of 1858 constitutes the General Medical Council as having full power in regulating matters touching the education and examination of young men in the profession. That Council is largely composed of members from the old corporations, who (I say it with all respect) subsist from the fees obtained by the examination of students, forming a court of judicature which subsists according to the amount of legal business transacted; and it has been inoperative in controlling the rival bodies. It has been so in spite of the number of eminent men who have been sent to that body by the universities and by the Crown, whose prerogative, we believe, has been exercised, by the advice of her Majesty's ministers, most advantageously for the public and the profession. The memorialists think, and the whole profession believes, that the number of examinations—there being nineteen licensing bodies in the three kingdoms—tends to distract the student, to weaken the qualification, and to render it impossible for the public, and very difficult, also, for the members of the profession, to tell the value of the different qualifications, and is altogether contrary to the advancement of learning, and the position obtained by the medical profession in other civilised countries. We believe it is indispensable that men should be admitted to the practice of their profession through one portal, so that there shall be one examination, theoretical and eminently practical, which shall be evidence of the competence of a man to practise, and shall entitle him to practise. The memorial says explicitly that we want one examination as a substitute for the nineteen qualifications now in existence. We are also of opinion that a large number of us over the country, however much we may have worked at our profession, whatever position we may have attained, have no more voice in its government than the coachmen who drive us; and we think we have a right to a representation in the governing body of the profession. How, or in what proportion, the franchise should be given to us, we do not say; we simply say this, that the time has ceased when the great bulk of the practitioners of the country should be destitute of any professional franchise. (Hear, hear.) We are of opinion that whatever provisions be introduced into the Act, there ought to be a provision for giving them effect through a public prosecutor. As matters stand at present any Act which did not provide for a public prosecutor for enforcing it would be comparatively a dead letter. The memorialists state that they wish for nothing which is not as much conducive to the advantage of the public as to the honour of the medical profession. (Hear, hear.) We believe the interest of the public and our own to be absolutely identical. We have nothing to say aggressively against anybody; we simply ask that we shall be constituted as a profession, that we shall have a *locus standi* amongst other learned bodies in the country; and we candidly appeal to history to say that the most advanced and liberal thinkers in the medical profession have sprung from the ranks of the profession—certainly not always from the corporations. We shall be glad to see the corporations flourish by doing good to the public, and promoting learning; but we think that the time has come when the profession itself must be considered.

Mr. BRUCE.—To what corporations do you especially allude?

Mr. GAMGEE.—The nineteen licensing bodies.

Dr. BELL FLETCHER said that the memorialists wished to impress upon the Government their belief that a bold medical enactment in accordance with the terms of the memorial was now requisite. By this means the general practitioner would be placed in his proper sphere of usefulness; the dignity of the Medical Council would be sustained, and the corporations would be placed in a most useful and respected position. The proposal of the memorialists was anything but destructive, and he (Dr. Bell Fletcher) had too great a respect for the old medical institutions to wish them to occupy anything but a proper and dignified position.

Sir JOHN GRAY, M.P., said he had read and signed the memorial, and he concurred in every word of it. He had taken some pains to ascertain the feelings of the medical profession in Ireland, and he believed there was a very general concurrence in the objects of the memorial. Certainly the general feeling of the profession was not represented on the Medical Council at present. (Hear, hear.) The public had not the security of a sound, searching, practical examination to stand between them and the unfortunate system which had been adopted of licensing men without a sufficient practical test of their capacity to perform their duties. Some difficulty existed with regard to the corporations, and there had too often been a feeling of rivalry among them to diminish the amount of knowledge required to a minimum, seeing that they must live. In fact, without the fees which were paid for the licences and degrees the corporations could not exist. (Hear.) They had been rather tending towards lowering the minimum of knowledge in order to swell their coffers. It was an unpleasant thing to say of the heads of the profession, who controlled the corporations, but there was no doubt that that tendency existed. He did not say it in any spirit of disparagement,

for it was almost one of the necessities of the position in which they were placed. Until there was a uniform mode of admission to practice, there would be a constant effort on the part of the nineteen licensing bodies to draw as many students as possible to them, and to get as many fees as they could for their licences. If the object of the memorial was complied with—the establishment of one final entrance to the profession, through the portal of which no one could be admitted unless he had satisfactorily demonstrated his fitness before a board, upon which the profession and the public would be represented—a very different state of things would exist. He did not propose to give any illustrations of cases coming within his own knowledge, as to the incompetence of men who had been admitted into the profession; but he might be permitted to state that he had been informed, within the last fortnight or three weeks, by an eminent professor, that a man of tolerable education, who had never handled a dissecting knife, and never been within the walls of an hospital, might, by good grinding, within six months, succeed in obtaining a diploma. As Secretary of State for the Home Department, Mr. Bruce would see that it was necessary that the people should be protected from such risks. He did not say that such things occurred frequently, but they ought not to be possible. The heads of families, the bread-winners of the country, were cut off by disease, because incompetent practitioners attended them; widows and orphans were left as charges upon the public; and the power of producing was diminished by the weakness and feebleness of health of those who ought to be the main producers of the country. He (Sir John Gray) had introduced a Bill with reference to medical reform, but if the matter was taken up in a generous and decisive way by the Government, he should be happy to give way, and to place his services, and the knowledge he had been able to acquire from the members of the profession, who had confided largely in him, at the Government's disposal. (Applause.)

Dr. BRADY, M.P., said he was very glad to hear the statement of Sir John Gray that he was willing to give way in the event of a satisfactory measure being brought forward by the Government. When the Bill of 1858 was introduced by Mr. Cooper and himself, the original intention was to give a certain amount of power to the members of the profession; but after the Bill was read a second time, it was taken up by Mr. Walpole, and certain alterations were made in it, giving the power to the corporate bodies, and displacing what was originally intended. Great injustice was done to the profession at that time, and until a remedy was afforded, the profession would not occupy a proper position in the country. Its members were powerful and respectable, but by legislation they had been kept on the outer crust of society, and never allowed to take their proper social position. He hoped that the Government would see the necessity of introducing a measure which would accomplish the desired object. He did not entirely agree with Sir John Gray that the object of the licensing bodies was to lower the minimum of knowledge required, and so facilitate admission into the profession. Within the last twenty-five years the corporate bodies of the country had greatly improved, and they were not to be blamed for accepting the power which the Government had placed in their hands.

Mr. BRUCE, addressing the deputation, said: I need hardly say that a representation from a body so important and so numerous as that which is represented by you, gentlemen, will receive the most careful and serious attention of her Majesty's Government. And the more so that your statements have come at an opportune time, inasmuch as the whole of this subject is now specially under their consideration, assisted, as they are, by the very learned gentleman who occupies the post of medical adviser of the Privy Council. (Hear, hear.) I may say, also, I have no doubt that, prominent among the subjects of consideration, will be the evils that I think, in the nature of things, must arise from the great multiplicity of examining bodies, and also the undoubted fact of the admission into the profession of a vast number of persons most imperfectly qualified. It is a matter of common interest to all of us to raise the general standard of education amongst a profession upon whom so much of our happiness in this world depends. All I can say now is that the subject being under the consideration of one department of Government, it will be my duty to convey to my friend Lord De Grey the purport of the statements I have heard to-day, and a copy of the memorial. Mr. Simon has attended here as the organ of the Privy Council, and I think you may rest assured that the matter will receive the serious consideration of a Government which, I hope, is ambitious of dealing with such subjects as it undertakes in a comprehensive way.

The deputation then withdrew.

THE WELSH FASTING GIRL.

THE inquiry into this case continues to progress slowly. We have before us some Welsh papers, giving a full account of the evidence of the different witnesses, but it does not appear to us that anything possessing a special or medical interest has transpired. Since the date of our last issue, several witnesses have been examined, including the vicar of the parish in which the child resided, Dr. Fowler, and the nurses from Guy's Hospital, who were charged with the watching. As the evidence has only gone to substantiate facts, and to describe in detail circumstances with which our readers are already familiar, we have not thought it necessary to occupy our columns with any report of the trial.

Correspondence.

"Audi alteram partem."

THE MEDICAL COUNCIL.

To the Editor of THE LANCET.

SIR,—The Medical Council has been differently regarded by its friends and its enemies; the former maintaining that it has done what was possible for the good of the profession, and the latter insisting that it has merely spent money and made unprofitable speeches. But, for the future, there can be no doubt that this body has so conducted itself as to be altogether unfit to represent the profession.

When Lord De Grey, on the part of the Government, recommended the Council to consider the propriety of establishing one or more general boards of examination, it was hoped that an arrangement so much desired by the profession had a reasonable prospect of being accomplished. The two great objects in view were: first, doing away with the double qualification, or licensing by halves, for the practice of our profession; and, secondly, admitting all entrants to a medical career by the same portal, with a well-ascertained amount of the requisite preparation. It was feared, indeed, that the Council might reject this proposal, as being injurious to the corporations; but it was, on the other hand, hoped that the obvious advantages of such an arrangement would be deemed more than sufficient to counterbalance this consideration. In these circumstances, the Council adopted a course which certainly looks as if it had at least the merit of ingenuity, by proposing a plan apparently in accordance with the wishes of Government, but in truth so objectionable as to be certain of ignominious rejection by Parliament, if it should ever get so far. This was, that the corporations should unite their examiners so as to form the board, just as the bands of different regiments are joined together at a review; and that all students who passed this ordeal should, without any other advantage, have the privilege of being registered in connexion with any of the existing licensing bodies, on the usual terms of payment.

It may be asked, What advantage would the profession gain from such an arrangement? The double qualification would flourish no less vigorously than heretofore; and examinations would not differ from those hitherto in use, instead of, so far as possible, being perfected by devotion to their improvement, as would be the case if properly qualified examiners were specially selected for the purpose, with the knowledge that the duty of examination is more difficult than that of teaching.

Yours, &c.,

Edinburgh, March 7th, 1870. JAMES SYME.

ON THE TREATMENT OF ORCHITIS BY INCISION.

To the Editor of THE LANCET.

SIR,—You have given great prominence to the subject of the treatment of orchitis by incision, by discussing the question in a leader in last week's LANCET, and I shall feel obliged if you will permit me to offer a few observations on this matter.

It will be in the recollection of many of your readers that, some six years ago, I drew attention to the treatment of orchitis by the plan of puncturing the testis; a practice I had accidentally, as it were, stumbled upon, and which I had adopted with signal success at the time I published my paper in the pages of THE LANCET. Since this period I have carried out this practice in every suitable case which presented itself at the hospital, and in cases in private as well, and I suppose that I must have punctured the testis for acute orchitis in at least five hundred cases; and although I quite endorse your remark that in slight attacks of orchitis incision is useless, I am justified by ample experience in stating this mode of treatment in severe cases is not dangerous.

With the exception of two instances where some temporary inflammatory mischief ensued after puncturing the testis, I have not met with a single instance where bad results of any kind have occurred. I have not met with one case where—as might have been expected—any fistulous communication with, or protrusion of, the seminiferous tubules has occurred; nor have I seen a single instance where a wasting of the organ itself has taken place after this treatment. When I first adopted this apparently heroic plan, and showed it to my pupils and friends, I was assailed with all sorts of dismal portents—of degenerated organs, and other ills; consequently I have been on the look out for such occurrences; and indeed I have met with two instances where the testicle had become destroyed after acute inflammation, but in these two cases the ordinary methods of treatment—namely, leeches and tartar emetic, *usque ad nauseam*, had been employed, but not incision.

M. Vidal de Cassis, who originated this practice—a fact unknown to me when I published my paper in THE LANCET—operated upon 400 cases at the time he wrote his work on "Venereal Diseases," and his experience is identical with my own—viz., speedy relief of most of the distressing symptoms of orchitis, and an absence of any injurious results to the organ from the puncture.

As illustrating the great relief which follows upon this plan of treatment, I may mention that patients have repeatedly come to me at the hospital to submit to the treatment a second time, having during a preceding attack of orchitis in the same or the other testis, so rapidly lost their acute sufferings by means of the incision through the tunica albuginea.

As to the destruction or wasting of the testicle being produced by a simple puncture into the body of the inflamed organ with a sharp, clean, narrow-bladed knife, I can neither believe nor understand it. It is the violence of the inflammatory process, as M. Vidal, and my friend Mr. Nunn, of the Middlesex Hospital, suggest, which does the mischief; and that violence is subdued by the treatment I advocate, and which I am sure, if properly tested, will supersede all other methods in this very painful disorder.

I remain, Sir, your obedient servant,

Wimpole-street, Feb. 22nd, 1870. HENRY SMITH.

THE FUNGUS-FOOT OF INDIA.

To the Editor of THE LANCET.

SIR,—As it is possible the first part of the report of the Pathological Society's proceedings, published in THE LANCET of December 11, 1869, may convey the impression that the fungous origin of the "roe-like" masses in the second and more common variety of mycetoma, or fungus-disease, was hastily assumed, I beg permission, through your columns, to observe that ordinary microscopic examination furnishes but part of the collected evidence, even in the hands of an expert, and to suggest that an attempt be made by the gentlemen composing the Society's committee to reproduce, by artificial cultivation of these "roe-like" masses, the fungus named by the Rev. Mr. Berkeley *Chionyphe Carteri*, as has been done in India, and also in England, with success.

Entertaining, as I do, the firm belief that the madura foot, of which Dr. Shortt's specimen was, it cannot be doubted, an excellent example, is as essentially the result of fungus growth as other affected feet (and hands) I have described, it is not unbecoming to refer to the Transactions of the Medical and Physical Society of Bombay, for the years 1860 (chiefly), 1861 and 1862 (appendices), for the grounds on which this conviction is based. At page 108 of the volume for 1860, it is intimated that the late Professor Quekett failed to detect vegetable characters in Dr. Ballingall's well-mounted specimens, which were kindly shown to me also. Indeed, the clue to the true nature (respecting which I see no surmise put forth in THE LANCET's brief report), of these curious roe-like particles was derived from examination of other varieties of mycetoma, first described in the Bombay Society's Transactions.

Most fully do I subscribe to the desirability of further and special inquiry being made into the nature of this disease, prefaced, I may add, with attentive consideration of what has been already advanced; and with little hesitation do I predict that the vegetable parasite would then be admitted as the sole essential cause of madura foot, and other allied affections.

Much, doubtless, remains to be done in India, but English pathologists (like our scientific botanists) might now themselves give a helping-hand. To doubt is not to test. But to repeat, more fully if needed, what is already reported as done, or to open a new line of inquiry—this is what is now wanted for the more complete elucidation of the common form of the second variety of mycetoma, or the fungus-disease of India. Respecting all other forms with which I am acquainted, there is absolutely no ground for demur.

I am, Sir, your obedient servant,

H. VANDYKE CARTER, M.D. Lond.,

Satara, January, 1870. Surgeon to Her Majesty's Bombay Army.

DR. C. J. B. WILLIAMS *VERSUS* THE DUKE AND DUCHESS OF SOMERSET.

To the Editor of THE LANCET.

SIR,—My letter, which was published in your last number, was written chiefly because I thought it due to the Duchess of Somerset to state that I received from her Grace no permission to perform the operation of tracheotomy for the late Earl St. Maur. I was, in fact, even not aware at the time that the Duchess, or any relative, was present; nor did I hear Dr. Williams say anything to the lady whom I afterwards ascertained to be the Duchess, nor did I hear her say anything to Dr. Williams before the operation.

I was told, later, by Dr. Williams, that he used words similar to those which I quoted, and which, you will observe, I did not profess to quote exactly, but only gave their general effect.

I did not see Mr. H. Williams's letter before it was sent to you; but he called on me, and informed me verbally as to what he was going to say.

I am most happy to see that Dr. Williams is about to publish an account of this case, which will, doubtless, set right all the inaccuracies of Sir J. D. Coleridge's statement. That these inaccuracies—uncorrected as they were by the counsel on the other side—should have misled you is not surprising, nor did I mean to make it a matter of complaint; and I regret that my letter should have produced any such impression.

I have thought it my duty to write to you, partly on the above point, and partly as to the duration of life after the operation, which I regard as an important feature in the case.

I remain, Sir, your obedient servant,

Clarges-street, March 8th, 1870. T. HOLMES.

UTERINE HÆMORRHAGE AFTER LABOUR.

To the Editor of THE LANCET.

SIR,—I was much impressed with Mr. Broke Gallwey's mode of arresting post-partum hæmorrhage, as recorded by him in your issue of the 8th January. In your number of the 15th, Dr. Robert Barnes tries to throw cold water on

the treatment. He says the bleeding may be arrested for a time by contraction of the uterus consequent upon the shock, but it will relax again, and the hæmorrhage return.

My object in troubling you with this communication is to point out that by very simple means this subsequent relaxation can be prevented. When the uterus is contracted by the shock, let the operator compress it firmly with his hands till a small bowl is brought to him, which, when placed over the uterus and firmly retained in position by means of a binder, most effectually prevents any relaxation of the uterus and recurrence of the hæmorrhage. In the cases in which I have had recourse to this method, I removed the bowl in from sixteen to twenty-four hours. The difficulty I have always found in cases of post-partum hæmorrhage has been to *get* the uterus to contract, not to *keep* it contracted; and should Mr. Gallwey's method be found to be even *frequently* successful, the best thanks of the profession are due to him for having made it known to them.—I am, Sir, your obedient servant,

J. J. HARDESTY, L.R.C.P. & S.E.

Lochee, Dundee, Jan. 27th, 1870.

NEWCASTLE-ON-TYNE.

(FROM OUR OWN CORRESPONDENT.)

WITH deep regret I write to acquaint you with the death of Mr. Stanley Peacock, who died this morning, after an illness of about fourteen days. Mr. Peacock, unfortunately, in making a post-mortem in a case of peritonitis, absorbed some matter through an abraded surface. Severe constitutional symptoms at once set in, followed by formation of abscess, and the usual concomitants of such an accident. Mr. Peacock only a few months since succeeded Dr. Bolton as house-surgeon to the Infirmary, but in that short time had made many friends, and had given much satisfaction by his ability and courteous activity. He was attended with great kindness by Drs. Charlton, Philipson, and Heath, and these gentlemen at an early period of his illness took a very gloomy view of his case. Mr. Peacock himself, too, considered his case hopeless. He was only in his twenty-eighth year, and had held the office of house-surgeon for about eight months. He was educated at the City of London School, under Dr. Mortimer, and gained high honours there. The news of his untimely death will be received in London, his native city, with great sorrow by a large circle of friends. Mr. Peacock was considered one of the best anatomists of his day. He carried off gold and silver medals at University College in his favourite pursuit, and he acted as demonstrator there for a considerable period. He came down to Newcastle with very high testimonials, including a special recommendation from Sir H. Thompson. There can be no doubt that, had his life been spared, he would have occupied a high position in his profession. It might be mentioned here that Mr. Dodd, a student who assisted Mr. Peacock in his unfortunate post-mortem, suffered severely too, but, fortunately, never was in great danger. This would go to show the malignant nature of the fluids in these cases, and the necessity of observing extreme caution in the conduct of examinations of this character.

Newcastle-on-Tyne, March 8th, 1870.

Foreign Medical Intelligence.

(FROM OUR SPECIAL CORRESPONDENT.)

Opening of a Dispensary for Diseases of Women in Turin—Success of the Belgian Medical Federation—A curious gift—Foreign prizes open to medical men of all countries—Liberty of teaching in France—Banquet to an Italian doctor—Sanitary and meteorological condition of the Continent.

THE municipal authorities of Turin have decided on opening a Dispensary for the Diseases of Women, at the public expense. The new dispensary forms an annexe of the lying-in wards of Professor Tibone, who has informed the medical men of the town, by circular, that henceforth all poor females affected with uterine disease may be directed to his dispensary. It is needless to insist on the value of this measure, which is destined to alleviate the sufferings of so large a portion of the female population of Turin.

The Belgian Medical Federation, which may be compared in many points to the British Medical Association, has rapidly attained the greatest success. It is now in prosperous circumstances, and already numbers as many as thirty-four provincial societies, with a total of nine hundred members.

Signore Miraglia, the well-known Italian Professor, has just made a most curious gift to the Anatomical Museum of Naples. It consists of the skulls of ten criminals, a few of which had remained during more than sixty years stuck up on the walls of Castel Capuano, a monument of the barbarous ages. The professor has added to this gift an authentic history of the skulls, accompanied by various physiological and anatomical considerations on their appearance; and he purposes to adopt this as the subject-matter of a course of lectures which he will shortly deliver at Naples.

In my foreign chronicle in THE LANCET of the 5th ult., I gave you a complete list of the prizes of the Paris Academy of Medicine for the years 1870 and 1871. It was of the more importance to set this fully before the notice of your readers as the prizes of the Academy are open to the medical men of all countries. For the same reason, it is of interest to take note of the following prizes which have just been announced for competition by two other continental academies.

Italy.—The Riberi Prize. This is an important prize, amounting to 20,000 lire, or £800. It will be bestowed in 1871, by the Turin Academy of Medicine, on the author of the best work, printed or manuscript, published during the triennial period 1868 to 1870, or on the author of a discovery made during the same lapse of time—the said work or discovery to be judged as having best contributed to the progress or benefit of the science of medicine. The works must be written in Italian, Latin, or French. Translations of other languages must be accompanied by the original. The works must be sent in to the Academy, free of all expense, on or before December 31st, 1870. Authors who desire to conceal their names must enclose them in a sealed envelope, according to the academical usage. The authors are invited to point out to the Academy such parts of their works as they consider more particularly worthy of interest. The last Riberi Prize was awarded to a German author.

Belgium.—The Royal Academy of Belgium has set forth the following programme of prizes: — First question: "Write out the history of vitulary (?) fever; show the physiological conditions in which it takes rise; point out the character, the pathognomonic symptoms, the course and treatment of the affection, as well as the lesions which are discovered after death." A medal of 500 francs. Memoir to be sent in on or before Jan. 1st, 1871.—Second question: "On the employment of disinfecting substances in certain industrial arts, in agriculture, and in domestic employment." A medal of 600 francs. Memoirs to be sent in on or before May 1st, 1871.—Prize for 1872: "Search out the causes of typhoid fever, sporadic or endemic. Show the prophylaxis and treatment of this disease." Furthermore, the Academy desires the competitors, in making out the causes of typhoid fever, to investigate the question whether the magnetic power of the earth exerts any influence on the genesis of epidemical typhoid fever. A medal of 1000 francs. Memoirs to be sent in on or before March 1st, 1872.

France.—The Société Protectrice de l'Enfance has announced its annual prize, to be awarded in 1871. The prize will be a sum varying from 500 to 1000 francs, according to the value of the successful memoir. The subject chosen is the following:—"Investigate the causes of the excessive mortality of children during the first year of their existence, and the means of restricting it." Attention is called to the following points. The writers must, (1) Study in all its forms, and under all its aspects, the question of infanticide, such as it is defined by law—namely, the murder of a new-born child; (2) Describe the different circumstances which may determine death in children—abandonment; the absence, insufficiency, or bad quality of food, whether natural or artificial; cold, filth, want of proper

care, insalubrity of habitations, &c.; (3) Examine, from the point of view of possible repression, the question of the responsibility of parents, nurses, &c., under circumstances in which the life or health of children may be compromised by their imprudence, negligence, or ill-treatment; (4) Indicate the preventive provisions which may be introduced into the present legislature, with the object of restraining the general mortality of children. The memoirs must be written in French, and sent in to the secretary, M. le Dr. Mayer, Rue Béranger, 17, on or before November 1st, 1870.

The question of freedom of teaching is now being studied in France by a special committee, appointed by the Government, and with the prospect of being shortly adopted, at least to a certain extent. M. Legris, the present Minister of Public Instruction, is personally opposed to any alteration of the existing institutions for education, which are all within the hands of the Government. But he will probably be obliged to follow the liberal current, which is now very powerful in France. At one of the recent sittings of the Imperial Senate, M. Quentin Bauchart, the reporter, announced the results of several petitions which have been addressed to that high body, praying for freedom of teaching. One of these petitions is drawn up by M. Leopold Giraud, from a clerical point of view, and is signed by as many as 20,000 adherents. Another petition, also got up from a clerical point of view, is signed by 15,000 individuals; whilst a third, vindicating the liberty of teaching, simply from a philosophical point of view, bears about 8000 signatures. Thus the total amount of signatures is from 40,000 to 41,000. The reporter adopted and supported the views brought forward by M. Leopold Giraud, who desires the introduction into France of the double system of universities, lay and clerical, as existing in Belgium. This would be a very limited, and perhaps incomplete and injurious plan, but it is the one which will probably be favoured by the Government.

On the occasion of his attaining his thirtieth year of good service as a Poor-law medical officer at Ancona, the municipality of the town and the friends of Dr. Pietro Lepri have marked their appreciation of his worth by inviting him to a banquet. The Syndic of the city, Francesco Matteucci, together with Professor Malagodi and Dr. Luigi Casati, organised the proceedings of the fête, which was most successful, and attended by all the medical men and worthies of Ancona. After a series of toasts, some verses in brilliant Italian style were recited in honour of Dr. Lepri. Altogether, it was a most touching and cordial fête, which does honour to the generous and delicate feelings of the Ancona municipality. May examples of the recognition of services rendered by medical men to the public good become thick and plentiful.

The cold which has been prevailing all over the continent has been perfectly distressing, and, besides the numerous diseases which it has entailed, has directly destroyed the lives of hundreds. At Moscow, the thermometer fell as low as 35 and 36 degrees centigrade below zero, almost the freezing-point of mercury; whilst the inhabitants of Florence have been surprised by a fall of snow, such as the lower valley of the Arno had not witnessed for years, especially at this comparatively advanced time of the year.

CONTINENTAL APPOINTMENTS.

France.

In one of its recent sittings the Paris Academy of Sciences proceeded to elect a Foreign Associate to the seat which had been left vacant by the death of Forbes. M. Kirchhoff obtained the greater number of votes. Messrs. W. Thompson and Lloyd came next in order.

Italy.

Drs. Marco Antonio Barba and Sante Scarcella have been appointed Professors to the University of Messina; the former of Surgical Pathology, and the latter of Materia Medica.

Dr. Luigi Fasce has been named Professor of General Pathology at the University of Palermo.

The King of Italy has conferred the order of the Crown of Italy upon several Italian medical men, among whom may be mentioned:—Professors F. Chiappero, Capuano, and De Martino, (the two latter of Naples), &c.

Spain.

The Spanish Government has given the Grand Cross of Isabella the Catholic to Dr. Anastasio Alvarez y Gonzalez.

Parliamentary Intelligence.

HOUSE OF COMMONS.

MARCH 4TH, 1870.

HABITUAL DRUNKARDS.

MR. D. DALRYMPLE asked the House to agree to a resolution affirming the expediency of legislating for the proper reception, detention, and management of habitual drunkards. Treating drunkenness as a disease—a sort of temporary lunacy—of which, he argued, it was impossible for the patient to cure himself, he proposed that the drunkard should be able to seclude himself, or be shut up by his friends, either in special wards of workhouses or in reformatories established for the purpose.

MR. BRUCE, while sympathising with the object of the resolution, characterised it rather as the dream of a benevolent enthusiast than a practical proposition, and said that if Mr. Dalrymple had only tried to put his plan into a Bill he would soon have discovered how enormous were the difficulties in his way.

MR. DALRYMPLE did not press the motion, but announced that he should take Mr. Bruce's hint, and bring in a Bill.

MARCH 7TH.

BEARDS IN THE ARMY.

MR. STACPOOLE asked whether officers and soldiers permitted to wear beards in India on sanitary grounds would be compelled to shave them off on landing with their regiments in our colder climate.

Captain VIVIAN said it had not been considered necessary to sanction the wearing of beards by the army at home for any sanitary reason, and he concluded, therefore, that officers and soldiers on their return from India would be obliged to conform to the Queen's regulations.

ARMY MEDICAL REGULATIONS.

MR. RAIKES asked what steps, if any, would be taken to secure to medical officers serving on the West Coast of Africa those advantages which were guaranteed to them by the Warrant of 1858, and the Medical Regulations of 1859, afterwards embodied in the Warrant of 1866, but of which they have been deprived by the construction now put upon the Warrant of 1867.

MR. CARDWELL.—There has been no change in the practice which ever since 1858 has permitted medical officers on the West Coast of Africa to count every year for two towards promotion and retirement. The rule never extended to allowing him to count it so for the advancement to the style of surgeon-major, and it is not any construction of the Warrant of 1867, but the express words of that Warrant, which establish the rule, in accordance with what has always been the practice.

MR. RAIKES then gave notice that on the 18th inst. he would again advert to the subject, and move a resolution thereon.

MARCH 9TH.

CORONERS BILL.

On the motion of Mr. Goldney, this Bill was read a second time, and committed for Wednesday, March 23rd.

ADULTERATION OF FOOD OR DRINK.

MR. MUNTZ moved the second reading of the Adulteration of Food or Drink Act (1860) Amendment Bill.

MR. BRUCE hoped that, as the subject to which the Bill referred required inquiry, the hon. member would not press for a second reading now.

MR. MUNTZ said he would postpone the second reading till the next Wednesday, if that would suit the convenience of the right hon. gentleman.

The debate stands adjourned.

ROYAL COLLEGE OF SURGEONS.

AT the Council meeting on Thursday, the 10th inst., a Report upon Medical Education from the Medical Teachers' Association was, after some little discussion, referred to a Committee of the Court of Examiners to consider and report to the Council. This Report of the Association will be

found in THE LANCET of November 27th, 1869, at page 743. It was then moved by Mr. Charles Hawkins and seconded by Mr. Erichsen, that, in compliance with a requisition signed by 250 Fellows and Members of the College, a meeting of the Fellows and Members of the College should be called for THURSDAY, THE 24TH INST., under the authority of the President. This was carried, and it was subsequently agreed that the hour and other arrangements connected with the meeting should be left to the President and Vice-Presidents. The day and hour of meeting will, we understand, be duly advertised.

The motions of Messrs. Quain, Simon, and Humphry, affecting the constitution of the Court of Examiners, were, together with a motion by Mr. Curling, affirming the desirability of having separate examiners in Anatomy and Physiology, referred to a special meeting of the Council to be summoned for the 22nd inst. We may mention that a legal opinion was read at this meeting affirming the illegality under the present charter of limiting the rights of a Councillor, and of rendering him ineligible for an examinership, as proposed by Mr. Simon. This merely confirms the opinion we ventured to express last week.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on March 3rd:—

Biencarne, William L'Heureux, Notting-hill.
Carter, Alfred Henry, Pewsey, Wilts.
Cartwright, James Henry, Chelsea.
De Liefde, John, Tavistock-row, Covent-garden.
Gibson, John Charles, Somerset-place, Brixton.
Paramore, Richard, Stoke Damerel.
Sleman, John, Tavistock, Devon.

As Assistant in Compounding and Dispensing Medicines:—

Gwatkin, James Ross, Brighton.

The following gentlemen also on the same day passed their first professional examination:—

Jones, Maurice, Charing-cross Hospital.
Newington, Frank Enefer, Guy's Hospital.

UNIVERSITY OF DUBLIN. — The following degrees were conferred on the 1st inst.:—

BACHELOR IN MEDICINE. — Edward Fawcett, Marcus Anthony Fenton, Rudolph Harman, Alfred Hubert Kelly, Robert Hemmings Seymour, William Thompson, William Ireland Wheeler, Cadwallader Brooke Wolseley.

MASTER IN SURGERY. — John Craig Boyd, Edward Fawcett, Rudolph Harman, Richard Alfred Lett.

DOCTOR IN MEDICINE. — Henry Eames, Thomas Evelyn Little, William Ireland Wheeler.

LICENTIATE IN MEDICINE AND IN SURGERY.—Henry William Joynt.

DONATIONS AND BEQUESTS.—The Treasurer of the West Norfolk and Lynn hospital has acknowledged the receipt of a donation of £1000 from John Groom, sen., Esq. —The Hospital for Consumption and Diseases of the Chest, Brompton, has become entitled to the reversion of one-sixth of £700 consols under the will of Mrs. Parsons; to £200 under the will of Mrs. Thurtle; to a contingent reversion (amount uncertain) under the will of Mr. Stainton Meyrick; and to £100 under the will of John Brown, Esq. —Mr. Alexander Tawse, M.R.C.S. E., of Aberdeen, has bequeathed £250 to the Royal Infirmary, Aberdeen, and £250 to the Royal Lunatic Asylum, Aberdeen.—The Royal Free Hospital has received an anonymous donation of £100 through Messrs. Harrison, Beal, and Harrison.—The Salisbury Infirmary has become entitled to £100 under the will of John Day Pinckney Loder, Esq.—H.R.H. the Princess of Wales has given twenty-five guineas to the Jenny Lind Infirmary for Sick Children, Norwich.—The Bolton Infirmary has received a donation of £200 from Peter Barrett, Esq., and a bequest of £45 under the will of Miss Fitton.—Joseph Pease, Esq., of Darlington, has given £500 to the Newcastle Infirmary. — The late Mr. John Parsons, of Oxford, has left legacies of £500 to the Margate Infirmary, and £200 each to the Brompton Consumption Hospital and the Weymouth Sanatorium.—The recent unknown donor of £3000 each to the Bradford Infirmary and Fever Hospital, has since sent £1000 to the Eye and Ear Hospital in the same town.—The Royal Surrey Hospital has just received a donation of £100 from a lady, in aid of its funds.—The Royal London Ophthalmic Hospital, Moorfields, receives a legacy of £300 under the will of the late Mr. Alfred Davis.

ILL-TREATMENT OF LUNATICS.—At the Leicester assizes, on Saturday, Henry Black, a farmer, was sentenced to two months' imprisonment for detaining a lunatic named John Bagnall Wild, sixty years of age, without a licence. The man was found handcuffed, seated in a chair fastened to the wall. His legs were also fettered, and secured to the wall in such a way that he could not stand upright. At the same assizes Jane North was sentenced to nine months' hard labour for a similar offence. In this case the lunatic, named Wallis, was found in bed perfectly naked, and in a most filthy condition.

Medical Appointments.

ANDERSON, C. L., L.R.C.P.Ed., has been appointed a District Medical Officer of the Parish of Liverpool.

CAREY, Dr., has been appointed Medical Officer and Public Vaccinator for the Killann Dispensary District of the Enniscorthy Union, Co. Wexford, and Medical Officer and Public Vaccinator for the Templeudigan Dispensary District of the New Ross Union, Co. Wexford, vice George Washington Lang, M.D., resigned.

CARTER, R. B., F.R.C.S.E., has been appointed a Surgeon to the Royal South London Ophthalmic Hospital, St. George's-circus, vice H. J. O'Donnell, F.R.C.S.E., deceased.

CHALMERS, T. D., M.B., has been appointed Junior House-Surgeon at the Northern Hospital, Liverpool, vice J. Llewelyn Williams, M.B., appointed House-Surgeon.

CRAN, C. E., L.K.Q.C.P.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Ballindine Dispensary District of the Claremorris Union, Co. Mayo, vice Richard Joseph Ireland, L.K.Q.C.P.I., resigned.

DOUDNEY, E., M.R.C.S.E., has been appointed Emigration Surgeon-Superintendent to the Queensland Government.

DWORTT, Dr. P., has been appointed Medical Officer and Public Vaccinator for the High District of the Longtown Union, Cumberland, vice A. Jackson, L.F.P. & S.Glas., deceased.

HANHAM, F. W., L.R.C.P.Ed., has been appointed Medical Officer for the Rathwiek or No. 4 District of the Bath Union, vice Joseph Lawrence, M.R.C.S.E., resigned.

HOWARD, J. W., M.R.C.S.E., has been appointed Assistant Visiting Surgeon for Dover and Canterbury, under the provisions of the "Contagious Diseases Act" (Women).

LAURENCE, J. Z., M.B., F.R.C.S.E., has been appointed Consulting Surgeon to the Royal South London Ophthalmic Hospital.

MACKINTOSH, D., M.D., has been appointed Medical Officer for the Southern District of the Partaca Island Union, vice W. Hardin, L.K.Q.C.P.I., resigned.

MITCHELL, J., M.D., has been appointed Medical Officer and Public Vaccinator for the Parish of Southend, Argyleshire, vice Chas. Park, M.D., deceased.

O'KELLY, Dr. J., has been appointed Medical Officer to the Workhouse of the Mountbellew Union, Co. Galway, and Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Mountbellew Dispensary District, vice T. W. B. Greaves, M.R.C.S.E., deceased.

PEARCE, W. H., M.R.C.S.E., late Assistant Demonstrator of Anatomy at the Charing-cross Hospital Medical College, has been appointed Assistant House-Surgeon at the General Infirmary, Sheffield, vice Arthur Hallam, M.R.C.S.E., appointed House-Surgeon.

RICHARDSON, W. E., L.R.C.P.I., has been appointed a Surgeon to the Rochdale Dispensary.

RIDLEY, J., L.K.Q.C.P.I., has been appointed Assistant Medical Officer at the Workhouse, Brownlow-hill, Liverpool, vice Anderson, appointed a District Medical Officer.

TAYLOR, W. B., M.R.C.S.E., has been appointed Assistant Medical Officer at the Camberwell House Lunatic Asylum.

TROTTER, G. F., L.R.C.P.I., has been elected Medical Officer and Public Vaccinator for the Penistone District, and Medical Officer for the Workhouse, of the Penistone Union, Yorkshire, vice John Ward, M.R.C.S.E., resigned.

WATSON, W. S., F.R.C.S.E., has been appointed a Surgeon to the Royal South London Ophthalmic Hospital, vice Laurence, appointed Consulting Surgeon.

WILLIAMSON, Mr. J. G., has been appointed Resident Medical and Surgical Officer to St. Mary's Hospital and Dispensary for Women and Children, Manchester.

Births, Marriages, and Deaths.

BIRTHS.

DUKE.—On the 3rd inst., at Sandwell-place, Lewisham-road, the wife of J. C. Duke, M.R.C.S.E., of a son.

HARDING.—On the 6th inst., at Whittlesea, the wife of C. F. Harding, M.D., of a son.

HAYWARD.—On the 3rd inst., at Whitstable, Kent, the wife of J. W. Hayward, M.R.C.S.E., L.S.A., of a daughter.

LYON.—On the 7th inst., at St. Helens, the wife of D. M. Lyon, L.R.C.P.Ed., of a son.

SANKEY.—On the 8th inst., at the County Asylum, Oxford, the wife of Heurtley Sankey, Esq., Superintendent, of a daughter.

SIMPSON.—On the 4th inst., at Canonbury-square, the wife of A. Simpson, M.D., of a son.

TORNEY.—On the 1st inst., at Blackhall-street, Dublin, the wife of Thomas Torney, M.D., of a daughter.

WHITE.—On the 2nd inst., at Placerville, Wells-road, Bristol, the wife of Wm. Acraman White, M.R.C.S.E., of a daughter.

MARRIAGES.

BECK—FOSTER.—On the 28th ult., at Magdalen Church, Belfast, Robert Croft Beck, M.B.C.S., to Elizabeth Henrietta, daughter of the late Rev. Charles Sandes Foster, Rector of Termoneeny.

FOWLER—SLOCOCK.—On St. Matthias-day, at St. Luke's, Chelsea, O. H. Fowler, M.R.C.S., of Cirencester, to Caroline, youngest daughter of the late Edmund Slocock, Esq., of Bellevue House, Chelsea, and Newbury, Berks.

HANNAH—FRASER.—On the 1st inst., at Pau, John B. Hannah, M.D., 63rd Regiment, to Florence Harvey, daughter of Lieut.-Colonel Fraser.

PALEY—RICHARDSON.—On the 26th ult., at Lewisham Church, Kent, James Paley, Esq., to Fanny, daughter of the late T. H. Richardson, M.D., of Greenwich.

DEATHS.

FOLLIOTT.—On the 26th ult., at the Verne Barracks, Portland, John Folliott, M.R.C.S.E., of the 51st King's Own Light Infantry, aged 38.

KENDALL.—On the 1st inst., at Ladbroke-grove, Mary Elizabeth, the wife of T. M. Kendall, Surgeon, of King's Lynn, Norfolk, in her 46th year.

LAWRENCE.—On the 22nd ult., at Layer Breton Hall, Geo. Wm. Lawrence, M.D., formerly Resident Medical Superintendent of the Lunatic Asylum, Fulbourne, Cambridgeshire, aged 37.

MACLOUGHLIN.—On the 26th ult., at Maddox-street, Dr. Macloughlin, aged 86.

MINSHALL.—On the 26th ult., Ebenezer Minshall, M.R.C.S.E., of Oswestry, formerly of Knighton.

RUSSELL.—On the 28th ult., Samuel K. Russell, M.R.C.S.E., of Rock-ferry, Cheshire.

TATHAM.—On the 5th inst., T. R. Tatham, M.D., of Welbeck-terrace, Nottingham, aged 68.

WILSON.—On the 1st of Dec., at sea, on the voyage to Australia, James W. Wilson, Surgeon, of Stewarton, aged 20.

Medical Diary of the Week.

Monday, March 14.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Address by Mr. John Gay (President). — Dr. Richardson, "On the Production of Rapid General Anæsthesia."

Tuesday, March 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Rolleston, "On the Nervous System."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Dr. Payne: Syphilitic Tumours of Liver. Mr. Nunn: Abscess between Vesiculæ Seminales; Molluscum Contagiosum. Dr. Moxon: Ulcerative Endocarditis; Syphilitic Disease of Heart; Post-mortem Perforation of Œsophagus. Mr. Coles (for Dr. Cockle): Dilatation of Innominate Artery. Dr. C. T. Williams: Disease of the Aortic Valves. Mr. Holmes (for Mr. Williams, of Norwich): Vesical Calculus; also, Tumour of Upper Jaw; Effects of Poisons Fuss upon Diseased Bone; Diffuse Periostitis of Tibia;—&c. &c.

Wednesday, March 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 1 0½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Gulstonian Lectures: Dr. Mandsley, "On the Relations between Body and Mind, and between Mental and other Nervous Disorders."

Thursday, March 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On the Chemistry of Vegetable Products."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Dr. Handfield Jones, "On Cirrhosis of the Lung."

Friday, March 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Gulstonian Lectures: Dr. Mandsley, "On the Relations between Body and Mind, and between Mental and other Nervous Disorders."
ROYAL INSTITUTION.—3 P.M. Mr. J. F. Bateman: "Subway to France."

Saturday, March 19.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Lockyer, "On the Sun."

Notes, Short Comments, and Answers to Correspondents.

ARMY REFORM IN CONNEXION WITH THE ARMY MEDICAL DEPARTMENT.

WE have been favoured with a pamphlet on the above subject—designed by its anonymous author for "private circulation,"—which does not bear the name of any printer, and is consequently an infringement of the law. However, our quarrel with it is not on that account. Whoever our anonymous pamphleteer may be, he is very ignorant of what he is writing about, and his blundering commences at the second page, and continues to the last. There is a laudation of the genius and administrative zeal of the Director-General during the period of the Peninsular war, which were so eminent as, in the estimation of the great Generals of that time, to shed a lustre upon the department. No doubt the lustre was dimmed subsequently when the zealous administration collapsed in the Crimea; but this was owing, we are told, to the absence of anyone at head quarters possessed of much practical experience of the exigencies of warfare. If, however, the Peninsular campaign was succeeded by a prolonged peace, we do not see how this was to be overcome, unless our author desires that wars should be entered upon to give army doctors administrative experience. It does so happen, however, that, experienced or not, the doctors were like the Israelites in captivity; they had to make bricks without straw. But this is to be remedied in future, and the straw is to be supplied by the new Control department! For the sake of the soldier, we hope that the medical department is "not to be placed more immediately under its protection and supervision, as in the excellent system of intendance of the French army." What an unlucky comparison! So excellent is the system, that it is universally condemned as the worst in Europe. This is blind leading the blind with a vengeance. If the author will get some one who reads French to consult an article in a recent number of the *Revue des deux Mondes*, written by M. Laboulaye, he will be in a condition to understand the ditch into which he is precipitating himself and his followers. The French system, according to statistics, is a very fatal one to soldiers. "Let Netley be," says our author again, "what Fort Pitt at Chatham was for so many years—a receptacle ——;" those who knew Fort Pitt well will be least of all disposed to return to that receptacle. Netley may be "an adult nursery," and its "so-called professors nearly all lately simple regimental surgeons;" but the writer might with advantage resort to a similar nursery. He is still a babe in understanding, and has not yet put away childish things. By all means let us have criticism, only let it be done by those who do not expect to succeed by "the foolishness of preaching" that which they do not understand.

Dr. John Rose is thanked for his letter, the substance of which we shall notice next week. We have no particulars about Sheffield, and should be obliged by any being forwarded to us.

SUPERVISION OF LUNATICS.

To the Editor of THE LANCET.

SIR,—I beg permission to insert in your columns a few propositions concerning the supervision of lunatics.

1. All patients, immediately after admission, should be stripped and carefully examined, by some responsible person, for bruises and injuries, &c. All bruises and injuries should be *at once* reported in writing to one of the medical officers, who would then go and examine the patient himself, and sign the written statement, after correcting it if necessary. This written statement of injuries received by the patient prior to admission should be also signed by the relieving officer or other person in charge of the patient, after due inspection on the part of himself.

2. Not only should a post-mortem examination be held in *every case* of death, but such examination should be rendered compulsory by law, and a statutory form for recording the details of each examination ought to be drawn out, and duly filled up at the time of examination; and this report should be signed by the medical officer or officers present, and kept ever after as an authoritative document.

3. In all lunatic asylums, where there are 500 or more patients, there ought to be an assistant medical officer for each division—male and female—under the medical superintendent; and where further medical assistance might be considered requisite, it could very well be obtained by appointing a sufficient number of non-salaried resident clinical clerks or assistants, who should be legally qualified medical men, and have, previous to their appointment, attended theoretical and clinical instruction in Medical Psychology and Mental Diseases, and these clinical clerks should be compelled to hold office for six months.

4. The salaries of the assistant medical officers should be increased; but more especially in the case of senior assistant medical officers the salaries ought to be materially raised, and at the same time more responsibility given to them. In many cases facilities for marrying might well be afforded to senior assistant medical officers.

5. There must be one person, under the Committee of Visitors, having *general* control and supervision over all the subordinate officers and servants, and no person could fill this post more suitably than the medical superintendent.

I do not pretend, Sir, to lay down these propositions as original; but they embody, in a concise form, many of the recommendations which have been made from time to time by the Commissioners in Lunacy and medical superintendents to the Visiting Committees of Asylums; and I regret to say that, although they have been more or less adopted in some of our asylums, they have in others been totally ignored, resulting in consequences well known to most of us.

I am, Sir, your obedient servant,

February 22nd, 1870. MEDICO-LUNATICUS.

GOUX'S ABSORBENT CLOSET SYSTEM.

WE called attention on the 22nd January last to a new system of conservancy which M. F. Target was desirous of seeing more generally adopted in England. We have since ascertained that whatever merit the system may possess ought to be referred to M. Goux, a French agriculturist, by whom it was invented and patented in France in 1868. The plan simply consists in adapting an absorbent material, composed of old straw (chopped), road and room sweepings, shoddy, the refuse of woollen and cotton mills, &c., to a tub or other receptacle, into which the excrements are to fall, so that three sides of it shall be lined with vegetable and other absorbent material. The only share which M. Target may perhaps claim in the scheme is perfectly independent of M. Goux's process, which consists solely in the mode of collection, and which, however valuable in itself, yet had the great drawback that it was entirely incompatible with water-closets—a very serious objection in this country, where it could hardly be expected that the owners of the better sort of houses would give up their habits, or even prejudices, in favour of any new scheme, however promising. M. Target thinks that he has succeeded in removing this difficulty by introducing in the construction of the water-closets a "divisor system," which permits the ordinary use of the water for cleansing the basin, but sends that water into the sewers by a separate pipe; whilst the dejections, liquid and solid, find their way, unmixed with any water, into Goux's absorbent receptacles, where they are spontaneously absorbed and deodorised. These closets upon trial are said to have been found to work satisfactorily. Should, however, any inconveniences arise in the course of practice, as may be anticipated perhaps, they will, it is hoped, be easily overcome, the main feature—viz., the preservation of the fæces from water—being obtained. We have ascertained that Goux's absorbent closet system has been approved and adopted by the French military authorities in the barracks of the city of Paris, Compiègne, the arsenal and military Port of L'Orient, &c. In the north of England it was introduced in 1868 by Messrs. Holt and Glazier, of Rochdale, and it is said to be working satisfactorily in the towns of Salford, Rochdale, Oldham, and Stockport. According to Dr. Syson (the medical officer of the borough of Salford), Mr. Lynan (the surveyor of the corporation of Oldham), and Mr. Molesworth, of Rochdale (agent for the Ecclesiastical Commissioners of England), the results claimed for the system are not merely problematical, but rest on the basis of experience. We are ourselves unable, however, to express from experience any opinion of the merits of the plan.

M.R.C.S.—The style is *showy*. The imposing list fitly opens with a false title, if we do not read it wrongly. The particulars given by our correspondent are, perhaps, the best excuse for leaving the author to himself.

r. Macnab's (Loch Inver, Sutherlandshire) paper on the "Treatment of Psoriasis by Carbolic Acid" shall appear in our next.

CHALYBEATES IN PREGNANCY.

To the Editor of THE LANCET.

SIR,—We have been directed by the Beaumont Medical Society to request at your hands the favour of the publication of the subjoined resolution, which was adopted at the last meeting. The subject to which it refers is the late unpleasant inquest, held at Mile-end, on a case of still-birth, in which Drs. Fenwick and Woodman, of the London Hospital, and Dr. O'Connor arrived between them at an unfortunate misunderstanding. The two last-named gentlemen, being chiefly concerned, discussed the matter at the above-named meeting with a most satisfactory result. The general conclusions arrived at were—

1st. The necessity for holding the inquest.

2nd. The correctness of Dr. O'Connor's assumption, that in certain cases of pregnancy (such as in full-blooded, excitable young women liable to miscarriage) it is undesirable to administer large doses of iron combined with other stimulating drugs.

3rd. Granting the fallacy of this idea, an error of opinion did not merit the severe strictures passed by the medical press, and that the writers should have made themselves fully conversant with the facts.

In carrying out our instructions we rely on your impartiality.

Resolution.—"That this meeting fully acquits Dr. O'Connor of any unprofessional or ungentlemanly conduct in the case, and strongly condemns the Editors of the medical journals in publishing such severe articles on mere *ex-parte* statements, and refusing to insert his replies."

We remain, Sir, your obedient servants,

N. HECKFORD, } Hon. Secs.
J. TODD, }

March 8th, 1870.

To the Editor of THE LANCET.

SIR,—You will much oblige me by inserting this brief letter in your next issue.

Dr. O'Connor having given me both public and private assurances that he was not actuated by any unworthy motive in giving his evidence at the late inquest, I shall be very glad to let the present question rest, though the general question of the administration of chalybeates in pregnancy still deserves discussion. As, however, the medical journals have nearly all commented somewhat severely on Dr. O'Connor's evidence, I wish, in justice to him, to make the following corrections in my statement:—

1st. It appears from the depositions that I was wrong in saying that Dr. O'Connor used the word "abortion" in his evidence. (I was not at the first inquest, and reported from what others told me.)

2nd. The reason alleged by the coroner for adjourning the inquest was the evidence of the girls Bliss and Turner, and not Dr. O'Connor's evidence.

I am, Sir, yours faithfully,

Finsbury-pavement, March, 1870. W. BATHURST WOODMAN.

*** We have much pleasure in inserting Dr. Woodman's letter. Criticism is never more successful than when it brings about a good understanding between "brethren." This has been the design of anything that we have said on this subject.—ED. L.

COLLEGE OF PHYSICIANS, EDINBURGH.

OUR correspondent's letter in no way adds to common information, or impugns the statements made by Mr. Syme, as to the purely pecuniary terms upon which the licences of this College were given away, to the great profit, if also to the great discredit, of the College.

Constant Subscriber.—We do not think that it would be of any good.

THE TREATMENT OF DIABETES BY MILK.

To the Editor of THE LANCET.

SIR,—In your impression of to-day I have read a letter from your correspondent, Mr. Thorne, of Leamington, in reference to a case of diabetes mellitus, in which he adopted my method of treating the disease by skimmed milk, but, from a supposed failure, gave it up after a short trial of only three days. The circumstances of this case are but meagrely detailed; but we are informed that the disease was of some years' duration.

It appears to me highly probable that the rise in the quantity of sugar in the urine during the short period of the milk treatment, and the invasion of "profuse" diarrhœa, were either unfortunate coincidences, apt to mislead, and possibly due to derangement of the portal or hepatic circulation, or produced by gastric and intestinal derangement due to the sudden and extreme change in the food of the patient. There are cases in which, owing to the condition of the digestive organs or to idiosyncrasy, it is necessary to begin the treatment by giving only two pints or even less of skimmed milk, in small quantities, at intervals, on the first day, and then to increase the quantity gradually during the three or four following days until the full quantity—six, seven, or eight pints—is reached.

When proper precaution is taken in commencing the treatment, diarrhœa is never produced; on the contrary, skimmed milk very generally produces constipation; for, although in some instances the bowels are regularly moved, I have generally found it requisite, in the cases of diabetes I have treated, to administer mild aperients, even in those cases which have progressed most rapidly towards recovery. I have never observed any tendency to diarrhœa at the commencement of the treatment, and certainly its casual occurrence would be a most insufficient reason to abandon the remedy.

The rise in the *quantity* of the urine in Mr. Thorne's case can be readily accounted for by the substitution of a liquid for a solid diet. When six pints of skimmed milk are consumed in the twenty-four hours, the quantity of the urine should, under ordinary circumstances, be about four pints and a half on an average during that period. I must urge, however, that a trial of three days only, as in Mr. Thorne's case, affords no evidence whatever of the value of the treatment. In cases of several years' standing, a much longer period than this is requisite to produce any important effect. Experience has shown me that the resistance of the disease to treatment is very generally in direct ratio to its duration. At the end of three days it may be said that the treatment has only begun.

Being about to publish further contributions on my method of treating diabetes, with illustrative cases, I shall defer any further general observations on the subject. In reference, however, to Mr. Thorne's letter, I consider it necessary, in the meantime, to state that my patient, T. H——, aged seventeen years, whose case I described in THE LANCET on October 23rd as *cured*, continues at this date in robust health, and free from the slightest trace of the disease. On the 31st of December last he was examined by Dr. W. O. Lambert, Mr. J. Wilson, and Mr. Douglass, of Sunderland. These professional gentlemen ascertained that there was no trace of sugar in his urine, and that he had gained 15 lb. in weight since his case was published. On the Monday following, Dr. A. Wiltshire, of London, Government Inspector of Vaccination, also examined this patient, and tested his urine, which he found quite free from sugar. He considered the disease quite cured, and expressed himself fully satisfied with the efficacy of the treatment. At the dates I have just mentioned, Dr. Wiltshire and the three gentlemen already named also examined another patient, J. K——, aged thirty-four, then under treatment. They found that he, too, was completely convalescent, and that his urine was quite free from sugar. This patient began the treatment on the 19th of November, and on the 24th of December—only thirty-five days afterwards—the sugar had completely disappeared from the urine. This result was obtained by the skimmed-milk treatment, notwithstanding the fact that for several months previously, and up to the day on which the treatment was commenced, he had passed quantities of urine varying from 21 to 36 pints daily, of a specific gravity ranging between 1035 and 1042, exclusive of a large quantity voided involuntarily each night, and saturating his bed. It is unnecessary to say that in this patient all the prominent symptoms of the disease were fully developed; but the details of this case and of others I shall publish shortly.

I am, Sir, yours truly,

Sunderland, Feb. 19th, 1870. A. S. DONKIN, M.D.

To the Editor of THE LANCET.

SIR,—As Mr. Thorne has given his experience of the milk treatment in diabetes mellitus, I think it right to give mine, especially as it was tried independently of Dr. Donkin's observations; in fact, two years before the latter appeared in THE LANCET. I was induced to try the milk treatment from the fact that casein is one of those substances which converts grape-sugar into lactic acid, and looked upon it as a probable remedy much in the same way that Dr. Gray looked upon rennet. My patient at the time he commenced this treatment was passing the enormous quantity of twenty pints of urine in the twenty-four hours, specific gravity 1040, and loaded with sugar. After he had taken the milk (skimmed milk) three weeks, the quantity fell to nine pints, the specific gravity and apparent quantity of sugar remaining the same. He was kept on this diet for three months, and during that period the usual diet was substituted on two occasions, and on both of these occasions the quantity of urine passed in the twenty-four hours rapidly increased up to two gallons and two and a half gallons, and as rapidly fell again on the milk being resumed. Strange to say, the specific gravity seldom varied, and stood at from 1036 to 1040 whatever the quantity of urine passed. As is usually the case, the milk caused considerable disturbance of the stomach and bowels; but after the first week it seemed to be digested with ease and comfort. I have just to add that my patient gained flesh, and improved up to a certain point; but beyond that the milk failed to act as a remedial agent. In spite of this, I am inclined to think this treatment is a step in the right direction; and though it may not of *itself* accomplish all we may wish, still it is a valuable aid in the treatment of this terrible malady.

Yours, &c.,

Rothwell, Northamptonshire, March, 1870. JAMES MOSS, M.D.

SEA-SICKNESS AND ITS PREVENTION.

THE public may be congratulated, though the profession may acknowledge it with a sigh, that prevention of sanitary evils is ever proving more effective than cure. True as this is of epidemics, it is becoming equally so of cases like sea-sickness, of which the pathology is so simple, and the treatment so unsatisfactory. Nowhere is this most unpleasant of visitations so severely felt as in the short transit between Dover and Calais—a transit which Britons look forward to with a shudder, and which, from *his* side, our "lively neighbour the Gaul" contemplates with such dismay that it has proved perhaps a surer safeguard against "French invasion" than all our wooden walls or plated shields put together. How to obviate it has exercised the engineering mind in a multitude of ways: now in devising a mighty viaduct, lofty enough to pass a man-of-war under its arches; now a tunnel under the bed of the Channel; now a tubular bridge, piercing the waves from shore to shore; now a railway mounted on a succession of ships like the *Great Eastern*, running off the deck on to the pier at either terminus. Mr. Bessemer, the inventor of the steel process, has just hit upon a device, however, which seems the simplest and most satisfactory of all. He proposes to construct in the steamer a saloon, which shall be swung on a pivot, like the ship's compass, proof against its rolling or pitching, hemispherical in shape, and furnished with a glass roof. A working model has already been exhibited with satisfactory results. A vessel as large as that which Mr. Fowler designs for his floating railway could admit a Bessemer saloon capable of seating 200 passengers. The saloon itself has a break fitted to it, by which, if necessary, it can be so fixed as to respond to the movements of the vessel.

THE HEALTH OF THE NAVY.

WE regret to find that in the annotation of last week, under the above heading, a confusion was made between the Abstract of the Health of the Navy and the Statistical Report issued periodically. The Abstract, for which the public is indebted to the very zealous officials of the medical statistical department of the Navy, has appeared at the commencement of the parliamentary session for the last three years; but the valuable volume of Statistics, on which Dr. Mackay is well known to expend so much care, is necessarily longer in production, and the forthcoming volume will include the medical statistics of 1868.

M.D., (Clapham.)—Our correspondent's letter is scarcely suited to our columns.

Zambesi.—Kesteven's Domestic Medicine might answer the purpose. We are not acquainted with any special work on that part of Africa.

HOLT'S WINGED INDIA-RUBBER CATHETERS FOR RETENTION IN THE BLADDER.

To the Editor of THE LANCET.

SIR,—The great interest which has been excited by the publication of my remarks upon the India-rubber Catheter has taxed me with a correspondence I little anticipated, but which, so far as I am able, I am happy to reply to. The demand for the catheter has been so great that the stock is entirely exhausted. Others have been hurriedly made, which fail to answer the intended purpose. My object in writing to you is to state that in about a fortnight Mr. Baker will be able to supply the profession with improved catheters, and I will then take the opportunity of offering a few further remarks on the method of introduction, and the general after-treatment.

Faithfully yours,

Savile-row, March 8th, 1870. BARNARD HOLT.

HANWELL LUNATIC ASYLUM.

"AN UNHAPPY MOTHER" complains in *The Times* that her son, an inmate of Hanwell Asylum, whom she was in the habit of visiting, died and was buried without her knowledge. On applying to the Board, she was told that every inquiry would be made; but months have elapsed, and she has received no answer, except the statement (which she has found to be false) that the letter apprising her of her son's death had "miscarried!" *Quousque tandem?* will be the inquiry of every philanthropist or medical man.

GALWAY COLLEGE.

JUST before going to press we received communications from *Mr. Pye*, the Chairman, and from four gentlemen, conveners, of the late students' meeting. Mr. Pye declares that the proceedings of the meeting were in nowise influenced by the Council. The students who attended the meeting were desirous of repudiating the statements that had been made concerning them. The conveners of the meeting declare the statement that "the meeting was held by the authorisation of the President" to be entirely untrue.

Rev. T. A. Preston (Marlborough College) is thanked for the Half-yearly Report of the Marlborough College Natural History Society, which contains many interesting and useful discussions, among which we may specify that on "Teas" as worthy of the consideration of the profession. Such Associations have always our hearty good wishes.

Mr. Thomas Moore, (Hazel Grove.)—A druggist cannot be prevented from visiting and prescribing; but the community should be informed that he is not entitled to recover fees or sign a medical certificate.

W. M., (Mortlake.)—Decidedly not.

Advanced Medical Student.—It would be invidious for us to publish a selection. Our correspondent should take the advice of one of his professors on the subject.

Mr. Casson, (North Ormesby.)—We cannot forward private answers. Consult a medical man, and be guided by him in the matter.

CHINESE THERAPY.

THE Australians are beginning to feel the influx of the Chinese in several unpleasant ways—medical among the rest. A man, named Price, lost the power of his arm and leg through an apoplectic seizure; and finding legitimate practitioners unable to do him any good, was persuaded to close with a Chinese "doctor," who offered for £10—of which £5 should be paid down, and £5 paid a week after—to effect the desired cure. The "doctor" killed a black puppy, and poured its blood into a basin, where he proceeded to stir it up with the blood of a decapitated cock. To this compound was added some Chinese medicine, and with the mixture the patient was smeared from head to foot, and then put into a tub of hot water. He declared himself a "little better"; but four weeks after this anointing and immersion he remained as helpless in arm and leg as ever. The *Ararat and Pleasant Creek Advertiser* says that the second instalment of £5 has yet to be paid—from which we infer that the patient has had quite enough of the Chinaman and his charms.

Mr. G. Hounsfield—not "Hornsfield," as, owing to a clerical slip, we made it—was the gentleman who bequeathed £20,000 to found a charity in Sheffield.

THE MYSTERIOUS DEATHS AT NEWPORT.

To the Editor of THE LANCET.

SIR,—The mysterious deaths which recently occurred in this neighbourhood will have called forth the deepest sympathies of your readers for a worthy and much respected brother practitioner, whose home has been desolated. They will also have excited no little interest medically, and in some who have read them carefully the report of the proceedings in connexion with the Coroner's Court will have given rise to disappointment almost akin to dissatisfaction.

The medical men in attendance seem to have had scarcely any doubt they were watching cases of irritant poisoning, and the post-mortem appearances confirmed their view. It must, however, now be allowed, I think, after Dr. Taylor's analysis, that no metallic irritant caused these deaths. In your annotation of Feb. 5th, you say you "cannot accept that portion of the verdict of the jury which states that the deceased 'did not die from the effects of poison,'" and you add that nothing has been said about strychnine.

In the cases of poisoning by strychnine I have seen, tetanic symptoms came on very quickly. In one case, a lad vomited several times after swallowing some Battle's vermin-killer; but in about twenty minutes he had trismus, and the whole body was soon after convulsed. So far as I know, the evidences of the specific action of strychnia on the nervous centres are the earliest and only prominent symptoms in cases of poisoning by that alkaloid. The deceased children had tetanic convulsions only shortly before death. Their illness commenced with vomiting, which recurred occasionally, and they were so little affected in the intervals that for some hours they occupied themselves with their usual play in the nursery. They were then purged; became very prostrate; the prostration passed rapidly into complete collapse; and they died after tetanic convulsions, in which the bodies assumed the state of opisthotonos, consciousness remaining perfect almost to the last.

When I read the report of the cases, I was reminded very forcibly of a case I saw some years ago of poisoning by colchicum, administered medicinally, and which was taken in frequently repeated large doses. The patient vomited after each dose, and continued so undisturbed for some hours that he read and wrote letters. He was then purged violently, vomited frequently, went into a state of collapse, had a severe tetanoid convulsion, and died. He remained quite conscious during the fourteen hours which elapsed between taking the first over-dose of colchicum and death.

Many have supposed, as the children were using a chilblain lotion containing aconite, this drug may have found its way into the system, and some of the symptoms may seem to favour this view; but the tingling and numbness and the cerebral disturbance which characterise poisoning by aconite were absent. In cases of death by the operation of the less known narcotico-irritants, symptoms similar to those which obtained in these patients have been noted—cases in which there were vomiting, purging, prostration, and severe spinal, without cerebral, symptoms; but in most of them, I believe, portions of the poisonous substance were found in the stomach or intestines.

If these children died from the effects of an organic irritant, it is to be regretted that, as the coroner and his son, the deputy-coroner, were from home, the inquest and post-mortem examinations were delayed two days; and that a further delay occurred in submitting the contents of the stomach and portions of the abdominal viscera to a special toxicologist for examination, because the coroner feared he might not be reimbursed if the expense of an analysis were incurred without an order from the Home Office. It is a pity, too, that when Dr. Taylor failed to detect the presence of a metallic irritant, the unusual course should have been taken, without consulting the medical witnesses, of asking him to account for the deaths on the supposition of natural disease; and that Dr. Taylor should have been so far caught napping as to allow himself to be led into an unintentional breach of professional etiquette by giving a medical opinion, without communicating with the medical men who watched them, upon cases which he had never seen, and about which he had but imperfect information. Dr. Taylor's supplementary report, attributing the deaths to the effect of whooping-cough, may have contented and rejoiced the coroner and jury, who were engaged in an anxious and difficult investigation; but it has satisfied neither the public nor the profession.

I remark upon these matters, not because I wish to reflect in the slightest degree upon the coroner—who, doubtless, was prompted only by excess of zeal, and who, I am sure, would not willingly be discourteous,—but because they afford additional evidence of the importance of having the office of coroner filled by medical men. From the nature of their calling, country solicitors are frequently from home, in London or elsewhere; whilst the avocations of medical men confine them to the locality in which they reside. Medical men, again, necessarily take such an interest in anything appertaining to medicine, that selfish considerations of possible loss could scarcely operate with them to delay an important and necessary scientific investigation; and, above all, they possess medical knowledge, and are therefore, as coroners, free from empiric bias on the one hand, and from undue laxity on the other.

Your obedient servant,

Carisbrooke, February, 1870. JOSEPH GROVES, M.B. Lond.

LADY-DOCTORS.

DR. DRYSDALE read a paper on "Medicine as a Profession for Women" before a meeting of the Victoria Discussion Society in the Hall of the Architectural Society, Conduit-street. Lord Shaftesbury occupied the chair. The lecturer repeated the well-worn arguments for the introduction of physiology into schools as a branch of education, and indicated midwifery as a department of medicine for which women were especially fitted. In the discussion which followed, Miss Faithfull argued that the medical profession had no right to prevent the public from obtaining duly qualified female practitioners if they choose. But the speech of the evening was Miss Garrett's, who urged upon all ladies who aspired to medical practice the necessity of aiming at a high standard, and of devoting themselves to the work of the healing art body and soul. She warned them that success as practitioners was not to be won till after long years of stern up-hill exertion; while they would have to encounter an opposition especially levelled at them as women-doctors. "Behind each patient," she said, "there was a whole army of friends and relatives, who were hostile to the female physician, who criticised every word she said, queried every question she put, and weighed every part of the prescription she wrote." She objected to special schools for female students of medicine, urging that they should study side by side with their male friends, whom they would have to meet in after-life in consultation. She dissented from Dr. Drysdale's position, that midwifery should be the peculiar field for lady-doctors, and recommended them to qualify for the whole range of the physician's art. The Chairman supported Miss Garrett's views in a few complimentary words, and the debate was adjourned. For ourselves we can only say that a *bond-fide* realisation of Miss Garrett's programme for women-practitioners would exclude from the profession all but ladies of Miss Garrett's exceptional talents and force of character. If they cultivated a specialty at all, the diseases of women and children (the latter particularly) would form the most appropriate field.

A Manchester Medical Student has our best thanks for the information sent, and to which reference has been made in another page. The difference between the collections on Sunday week and those made on former occasions is that the latter were only designed to benefit a special institution, whereas the former will be applied to the use of all the local medical charities.

AN APPLICATION OF OLIVE OIL AND BENZOLE.

To the Editor of THE LANCET.

SIR,—It may be the means of relieving many persons of one of "the smaller ills of life" if you will publish that I have found a few drops of olive oil, with one-eighth of benzole, dropped into the ears, soften some otherwise most intractable accumulations of hardened wax. No pain or heat has been produced by the benzole, even in ears much inflamed.

I am, Sir, yours faithfully,

Romsey, Hampshire, March 7th, 1870. FRANCIS TAYLOR, M.R.C.S.

THE EARNINGS OF AGRICULTURAL LABOURERS.

A RETURN of the earnings of agricultural labourers in different parts of the kingdom has lately been issued by the Poor-law Board. We suppose that, as a fact, it cannot be denied that healthy men and women do exist and propagate their species on something like 10*s.* per week all the year round. But may it not be a question whether this state of things is really sound in an economical point of view? Does it not necessitate that continual assistance be given from the parish, and that the latter end of the labourer's life be provided for at the public cost? There are some indications that tenant-farmers prefer to have it so, since in some districts, where the wages are extremely low, the guardians of the poor refuse to afford any information on the point. But, independently of this, may it not be worth while to contrast the value of the labour rendered with its cost of production, with the view of seeing whether it is not more profitable to feed a man well, and work him hard, than to starve him into a state of idle listlessness, which makes work a sham? We venture to think that two Dorset labourers on their 10*s.* per week would be quite unable to cope with a Yorkshireman at 20*s.* per week; and as the latter would be a stronger and a healthier man, he would cost the parish much less for illness, whilst out of his earnings he might be able to save something for a rainy day. We should like to impress upon the public that there is no labour so profitable as that yielded by well-fed, healthy men, and that capitalists are greatly interested in raising the rate of wages, and in educating the labourer to expend his income frugally, and not in intoxicating drink.

THE CASE OF THE APOTHECARIES ONLY.

Mr. F. Barbour does evidently not read THE LANCET carefully, otherwise he would not have taken so much pains to inform us of the doings of the College of Physicians of Edinburgh, which have become very notorious by such statements as Mr. Syme's, Sir Dominic Corrigan's, &c. We agree with our correspondent about the case of the apothecaries, and have frequently urged that they should be considered in any amendment of the Medical Act.

W. G. G. (Woodford, Essex) is referred to a pamphlet on the subject by Mr. Frederick Smith, of Malvern.

A Subscriber forwards an advertisement which appeared in a local journal, and is addressed to the "Young Men of England who suffer from Nervous Debility." The advertiser is a "Mr. Arthur Dixon, of Hounslow." His name is neither in the Register nor in the Medical Directory. Can any of our readers tell our correspondent who Mr. A. D. is?

Hibernus's patient would benefit by a sojourn at Malvern, Harrogate, or, perhaps best of all, at Clifton.

ROYAL ALBERT ASYLUM FOR IDIOTS AND IMBECILES, LANCASTER.

THIS noble institution—one of a kind which ought to be established in every great centre of the population—is in want of a medical superintendent, and already, we believe, there are several highly efficient candidates in the field. As our readers are aware, we have had occasion recently to discuss the qualifications for such posts. For the superintendence of asylums on an extensive scale for adults of both sexes, we have not hesitated to pronounce our preference for the physician who, *ceteris paribus*, has employed in practice by the bedside the years which the specialist in lunacy has spent in the monotonous and somewhat mechanical routine of his department. The great pioneers in the diagnosis and treatment of insanity have undoubtedly been men, like Prichard and Conolly, who have devoted themselves to the subject after long years of pure practice as physicians had, by a thousand subtle indications, convinced them of their aptitude for it. But in the case of asylums for the idiot and imbecile young, the *ceteris* are not *paris*; in other words, the treatment of these little patients requires an early and life-long application to its many difficulties, such as the practice of a pure physician seldom calls into play. Given this special experience, we should, of course, prefer a man of the Prichard and Conolly type for an asylum like the Royal Albert; but there is no doubt that the acquired dexterity of a Guggenbuhl and a Séguin in nursing the faint spark of reason in the imbecile or idiot youth, and fanning it into a flame sufficient for its owner's guidance along the humbler walks of life, is the one essential qualification for the post now vacant at Lancaster.

Mr. J. M. Coulson (Newcastle), in common with everyone who consults our pages, ought to be aware that we never prescribe, and never recommend an individual practitioner.

"VERMIN-KILLERS."

ANOTHER illustration of the necessity for putting some restriction on the sale of poison in the form of powders, technically called "Vermin-killers," has lately arisen at Derby, where a woman has been convicted and sentenced to fourteen years' penal servitude for administering to her sick husband various doses of strychnine contained in packets of "Vermin-killers," which she was able to obtain without any difficulty from druggists' shops.

F. C.—Woodhall Spa is in Lincolnshire. The Great Northern Railway Company have made a station there, called Woodhall station, specially for the accommodation of visitors to the Spa. A pamphlet on the efficacy of the waters is published by Mr. H. K. Lewis, Gower-street, W.C.

SUNDERLAND INFIRMARY AND DISPENSARY.

WE think the advertisement of the names weekly quite unnecessary, as well as undesirable.

Mr. E. Taylor.—Nothing is known.

WE much regret that, owing to the pressure on our columns, we have been compelled to omit the correspondence between Mr. Jacob Bright, M.P., and Mr. Acton, concerning a statement made by the former in connexion with the Contagious Diseases Act.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir W. Fergusson; Sir H. Thompson; Mr. Holt; Dr. Woodman; Mr. Hodges; Mr. Dickinson; Mr. Todd; Dr. Milu; Mrs. Griffiths; Dr. Thacker, Cincinnati; Dr. Remy, Ostend; Mr. Barber, Braintree; Mr. T. Moore, Hazel Grove; Mr. Mason; Mr. Pooley, Coleford; Mr. G. Walters, Bristol; Dr. Brett; Mr. Townsend, Stirling; Mr. Coope, Dudley; Mr. Warren, Buxton; Dr. Sheen, Cardiff; Mr. De Liefde, Hampstead; Mr. J. Mulligan, Galway; Dr. McOscar; Dr. Woodward, King's Lynn; Mr. Willis, Cleobury; Mr. Evers, Uxbridge; Mr. Herbert; Mr. Warburton; Mr. R. Bulwer, Swindon; Mr. O'Donnell; Dr. Jovin, Pesth; Mr. Pye, Galway; Mr. Bastone; Mr. Evans, Norwood; Mr. Roberts; Dr. Williams, King's Lynn; Mr. Gravely; Dr. Radford, Manchester; Dr. Harding, Whittlesea; Dr. Leeson, Bradford; Mr. Jardine; Dr. Strachan; Mr. Green, Dunblane; Dr. Smith; Mr. Johnston, Hanley; Mr. Ray, Warwick; Mr. Andrews, Hailsham; Mr. Campbell, Godalming; Lord S.; Mr. Reeve, Faraham; Mr. Taylor, Wigan; Mr. Holmes, Leeds; Mr. Hayward, Whitstable; Mr. Beck; Mr. Colmer; Mr. Mayne; Dr. Angus; Rev. T. A. Preston, Marlborough; Mr. Parsons, Chelmsford; Mr. Perry; Mr. Fowler, Cirencester; Mr. E. Howe; Mr. Owen, Salford; Dr. Walker, Hanley; Mr. Gainsford; Mr. Merry, jun.; Dr. Phillips; Mr. Thompson, Westerham; Mr. Warnock; Mr. Campbell, Bridgnorth; Dr. Ashburner; Mr. Thomson, Galway; Mr. Williams, Anglesea; Mr. Duval; Mr. J. Reid; Mr. Casson; Mr. Scott, Cambridge; Mr. Davis, Bridgwater; Mr. Burton, Lyme Regis; Mr. Lapper; Dr. Wood, New Haven, Conn.; Mr. Sweeting; Mr. Le Neve Foster; Mr. Mearns; Dr. Rose, Chesterfield; Dr. M'Nab, Loch Iaver; Mr. Sheeming, Kendal; Mr. Henly; Dr. Grimshaw, Dublin; Mr. Grieve, Glasgow; Mr. Rigden, Canterbury; Mrs. Hounsfield, Lyndhurst; Mr. Hyde, Kingstown; Dr. Allbutt, Leeds; Dr. Macrae, Walton; Mr. James, Enfield; Mr. Pitman, Manchester; Dr. Hanham; Mrs. Powell; Dr. Brown; Dr. Lyon, St. Helens; Mr. Evans; Mr. F. Taylor; Mr. Braine; Mr. Davids, Bradford; Dr. Lovegrove, Sevenoaks; Mr. Richardson, Rochdale; Dr. Redwood, Rhymney; Mr. Wilson; M.R.C.S.; G. B.; Medicus; A Wine Merchant of Old Standing; The Editor of the *South London Press*; Justitia; Observer; X. Z.; W. M.; M.D. and Constant Reader; Hibernus; L.R.C.P. Edin.; Nemo; E. L.; &c. &c.

Brighton Guardian, Sheffield Independent, Staffordshire Sentinel, Wellington Journal, North Wales Chronicle, Cardiff Guardian, Scarborough Gazette, Salford Chronicle, Bucks Herald, Newcastle News, and *Brighton Gazette* have been received.